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**AN EXPLORATION OF SOCIAL WORKER RELATIONSHIPS,
ROLES AND THE WELLBEING OF CHILDREN IN
LONG-TERM CARE**

Miriam Anne Cartwright

A dissertation submitted to the University of Bristol in accordance with
the requirements for award of the degree of Doctor of Philosophy in
Social Work in the Faculty of Social Sciences and Law

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ABSTRACT

This study explores the social work role with children in long-term care, focussing on how relationships between children and social workers can support wellbeing. There has been increasing interest in relationship-based social work practice since the publication of the Munro Review (2011b) and this study helps to advance our understanding of relationship-based practice in the context of work with children in care. Using a critical realist methodology, the social work role and relationships with children in care were explored within their wider ecological environment. Semi-structured interviews were carried out with children, social workers and managers to explore their perceptions of the social work role, and the extent relationship-building forms part of the role in practice. The findings of the research suggest the relationship-building aspect of the social work role is important for children's wellbeing in care. Children value reciprocal relationships with social workers, which include their social worker knowing them, understanding them, caring about them, and having time for them. Social workers acknowledge the importance of such relationships but identify significant barriers to relationship-building in practice including increasing caseloads, reducing resources, and timescales associated with statutory tasks. The findings potentially challenge the idea that children in settled long-term placements no longer require social work support, instead supporting a socio-ecological resilience perspective where children are provided with a stable network of support including a social worker. The conclusion provides recommendations for policy and practice which could increase the emphasis on relationship-building as part of the social work role.

DEDICATION AND ACKNOWLEDGEMENTS

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I am indebted to those who took part in the research. I hope I have represented their voices in the way they would want and that in the future they will feel their participation was worthwhile and helped to make a difference.

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I dedicate the thesis to Camille, Dominic, Ann, David, and Spencer. I miss you all and know you would be proud.

AUTHOR'S DECLARATION

I declare that the work in this dissertation was carried out in accordance with the requirements of the University's *Regulations and Code of Practice for Research Degree Programmes* and that it has not been submitted for any other academic award. Except where indicated by specific reference in the text, the work is the candidate's own work. Work done in collaboration with, or with the assistance of, others, is indicated as such. Any views expressed in the dissertation are those of the author.

SIGNED: DATE:.....

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1. INTRODUCTION

This study explores the social work role with children in long-term care, specifically focusing on how the relationship between a social worker and child can support wellbeing. This chapter describes how I became interested in this area of research, outlines the relevance of the research to practice with children in care, and briefly introduces the methodology underpinning the project. Finally, I introduce the research aims, questions and structure of the thesis.

Study Background

I first became interested in relationships between social workers and children in long-term care while working as a local authority social worker and carrying out a research project to identify factors that contributed to placement instability (Cartwright, 2012). This project suggested an association between the number of placements a child had and the number of social workers, with children who had more social workers appearing to be at risk of more placement moves. Other research has also identified social worker stability is likely to be associated with placement stability of children in care (e.g. Rock *et al.*, 2015). Despite this, social worker instability is the most common form of instability a child is likely to experience in care (Children's Commissioner, 2018a). While research suggests the stability of social workers may be associated with the stability of children's placements in care, there is less known about why. Regarding children in long-term care, there often seems a perception that the social work role may be less important than the role of the carer. For example, government policy has been updated to reduce the number of social work statutory visits to children in long-term placements (Department for Education, 2015a), and recent myth-busting guidance from the Department for Education (DfE) (2018b) suggests children's social workers could be replaced by the foster carers' supervising social worker. Therefore, it seemed important to understand more about the significance of the social work role, and the relationship between a child and their social worker.

My interest was further extended when completing a dissertation for a Masters in Social Work Research exploring factors associated with placement stability for children in long-term care (Cartwright, 2015). The results from this study suggested an ecological approach; including child, placement, and organisational factors, could help better understand whether a child will achieve stability in care. This suggests government policy, cultural issues and the

workplace are likely to influence the social work role and relationships formed between children and social workers. Research by Sinclair *et al.* (2007) also identified that organisational factors are likely to affect children's stability in care. For example, they found children were routinely placed in short-term placements when they first enter care, team managers were influential in decisions made about a child's permanence, and teams with high caseloads were less likely to place children for adoption and more likely to have children who had experienced three or more placement moves in a year. Hence, the current research takes an ecological perspective to allow exploration of how the environment can influence the social work role and relationship-formation (Bronfenbrenner and Ceci, 1994).

Relationship-Based Practice

The Munro Review of Child Protection (2011b) identified that social work had become too focused on processes and procedures rather than relationships between social workers and families. Consequently, alongside my own growing interest in exploring the importance of relationships between children and social workers, there has been increasing research and practice interest in relationship-based practice in England. However, it is argued there is no clear definition of relationship-based practice or clarity about how relationships should be enacted in different practice contexts (Ward *et al.*, 2010). This study hopes to add to the growing research base by focusing on relationship-based practice in the context of social work with children in care.

Children in Care

In England, children in care are often termed as Looked After Children or LAC. I have chosen not to use this terminology because, in my practice, children told me that they do not like the words 'looked after' coming before 'child' because they want being in care to be less important. Some children told me they do not like the acronym 'LAC' because they associate it with the word 'lack', and so it suggests they are somehow 'lacking' or less important. Therefore, I have chosen to use the term 'children in care' throughout the thesis. When I refer to child or children this refers to a child in care; if I refer to children in the wider population I will make this clear in the context.

Latest government statistics show there are 75,420 children in care in England (DfE, 2018a). The number of children in care has been rising; in 2008 there were 59,500 children in care, which represents a 27% increase over the last 10 years (Department for Children, Schools and Families, 2008). The average duration of each care episode is also increasing and was

772 days in 2018 (DfE, 2018a). There is no consistently used definition for children in long-term care in England (DfE, 2014a). While there have been recent attempts to define long-term foster care, there is concern about the accuracy of how local authorities are reporting numbers of children in this group (DfE, 2018g). Previous research has used the 'leaving care curve' to describe children likely to remain in care (Sinclair *et al.*, 2007; Rowe *et al.*, 1989), which identifies, after the first year in care, adoption and independent living are the two primary reasons for leaving the care system, and most other children will stay in care long-term. Using DfE statistics, on 31 March 2018, 52,180 children in England had been looked after for at least one year, which represents 69% of all children in care (DfE, 2018a). For the purposes of this study, I define children in long-term care as children who have been in the care of the local authority for a minimum of one year and for whom the plan is to remain in care.

Children in care are a heterogeneous group; they come into care for different reasons, are in different types of placement, and will need to remain in the care system for different lengths of time. Research by Sinclair *et al.* (2007) identified different pathways through care, dependent on age at entry when combined with current age and reason for entry. This analysis helped to raise awareness of the different needs of those children who were likely to remain in care long-term, including adolescent graduates¹, abused adolescents², adolescent entrants³, and asylum-seeking children. For example, adolescent graduates were most likely to achieve a stable long-term placement in care, while adolescent entrants were most likely to have moved placements in the last six months. Arguably then, the social work role will be different with these two groups. For adolescent graduates there is a higher likelihood of achieving permanence within long-term foster care, within which the social work role arguably becomes less important. For adolescent entrants the social work role is likely to remain important for supporting placement stability.

So, the social work role is likely to be different for each individual child and at different times in their care career. Despite these differences, a review of research suggests a child's relationship with their social worker is the most pivotal relationship that they have with a professional while in care (Stein, 2009). While the relationship a child has with a social worker may change during their time in care, children tell us that having a good relationship with a social worker is important to them (Munro, 2011a). As already argued, despite the

¹ "Children first looked after when aged less than 11 but now 11 or over"

² "Children first looked after when aged 11 or over and with a need code of abuse"

³ "Children first looked after when aged 11 or over and not abused" (Sinclair *et al.*, 2007, p66)

likely importance of the social work role in the lives of children in care, there appears to be a lack of prioritisation of relationships between social workers and children in practice. Due to the proportion of children coming into and remaining in care rising, it seems particularly important to understand more about the significance of the social work role and how it can support wellbeing in care.

Wellbeing of Children in Care

Politicians often talk about improving poor outcomes for children in care. For example former Prime Minister, David Cameron, included the following in his speech to the Conservative Party conference in 2015:

“Children in care are today almost guaranteed to live in poverty. Eighty-four percent leave school without five good GCSEs. Seventy percent of prostitutes were once in care. And tragically, care leavers are four times more likely to commit suicide than anyone else... I tell you: this shames our country and we will put it right.” (Cameron, 2015)

However, there is also increasing awareness that being in care may help to improve children’s outcomes. For example, research comparing children in care with matched samples from the wider population suggests being looked after can be beneficial to children’s educational and welfare outcomes (Forrester *et al.*, 2009; Biehal *et al.*, 2009; Sebba *et al.*, 2015).

Rather than researching outcomes, there is increasing interest in wellbeing and resilience. For example stability, which was used as the outcome measure in my original study (Cartwright, 2012), may not capture the complexity of how relationships can help children to do well in care (Selwyn, 2015). To try to capture a more holistic picture of how social workers can support children, this study will focus on children’s subjective wellbeing (Jones *et al.*, 2015). By taking a resilience approach, rather than researching why children achieve poor outcomes, the study can focus on what helps children to achieve positive outcomes in care (Schoon, 2006). Consequently, the research is taking a resilience approach to identify how relationships between children and social workers might support wellbeing.

Critical Realism

Social workers practice in a complex environment and their training, work environment, local and government policy and wider culture influence their relationships with children. Consequently, social workers employ a complex model to understand social problems in

practice that includes subjectivist, objectivist, and social constructivist assumptions alongside an understanding that it may not be possible to explain social problems adequately (Nissen, 2015). Social workers also integrate a number of different theoretical perspectives to understand relationships in practice including attachment theory, psychodynamic theory, systems theory and person-centred practice, as well as reflective and ethical practices that take into account power dynamics that may influence the relationship (CfSWP, 2015; Ward *et al.*, 2010). This project uses a critical realist methodology to attempt to reflect these complexities of practice. Critical realism enables the complexity of social work practice to be reflected in research due to how reality is structured across empirical, actual and real domains (Blaikie, 2007). Despite the potential of critical realism to provide a research base that can reflect the realities of practice, there have been limited examples of the approach being applied in social work research, leading to a lack of methodological development (Bhaskar, 2014; Longhofer and Floersch, 2012). This study hopes to contribute to the continuing development of critical realist methodologies in social work research.

Study Overview

The study aims to explore the way social workers fulfil their role with children in long-term care, and how the relationship between children and social workers influences children's wellbeing. I will address this aim using the following research questions:

1. What have been the major changes in the nature of social work with children in long-term care in the 21st Century?
2. What is the current social work role with children in long-term care according to policy statements, social work managers, and social workers?
3. How do children and young people describe their relationship with their social worker in relation to other key people in their network? What aspects of relationships with social workers are important to children and young people and why?
4. What is the perceived impact of relationships between children and social workers on the wellbeing of children in long-term care?
5. To what extent does the social worker role enable relationships to be formed between children and social workers?

Regarding outline, Chapter 1 has introduced the background to the study and indicated how the study can make a significant contribution to knowledge, research and social work practice in the context of work with children in care. Chapter 2 outlines the theoretical

frameworks used to inform the different components of the study, including relationship-based practice, the ecological approach and wellbeing. Chapter 3 contextualises the study with reference to relevant literature. Taking an ecological approach, the chapter starts by describing how changes in government policy have influenced the social work role, moving on to consider research exploring the relationship between social workers and children in care. Chapter 4 is an account of the research design, including methodology and methods.

Chapters 5 to 7 present the results from the study: Chapter 5 outlines children's accounts of their relationship with their social worker; Chapter 6 social worker and managers' perceptions of the social work role; and Chapter 7 social worker and manager perceptions of supports and barriers to relationship-building in practice. Chapters 8 and 9 discuss the results: Chapter 8 outlines the perceived impact of relationships between children and social workers on the wellbeing of children in long-term care; and Chapter 9 the extent the social work role in practice enables relationships to be formed between children and social workers. Chapter 10 concludes the study and considers implications for policy and practice.

2. THEORETICAL BACKGROUND

Introduction

This chapter outlines the theoretical background to the study, including relationship-based practice, the ecological approach and wellbeing. The conceptual framework used as the basis for the research is presented and explained. The chapter starts by outlining how the social work role will be defined.

Social Work Role

Various attempts have been made to define the social work role (eg. Social Work Task Force, 2009), however, due to the different contexts within which social workers work, and the way the role adapts according to both individual and social needs, no one uncontested or comprehensive definition has been achieved (Blewett *et al.*, 2007). Recognising the difficulty of reaching a wider definition of the social work role, this study explores the social work role in one specific context, work with children in long-term care. The role is defined in this context as the tasks and responsibilities the social worker undertakes to support children in care. Because these tasks and responsibilities are arguably influenced by wider social factors (Gormley and Kennerly, 2010), the literature review explores the changing political and structural context to understand how they might influence the way the role has evolved, while accepting, due to changing social and political climates, “defining social work is not a one-off task but an on-going endeavour” (Dickens, 2012, p40).

As well as the responsibilities and tasks associated with a role, people also exhibit role behaviour, which can be understood as the way the role is enacted (Biddle, 1986). The relationship between a child and their social worker is being used in this study to describe the way the tasks and responsibilities of the role are enacted. However, because the study is interested in understanding the extent to which relationship-building is considered part of the social work role, the responsibility for relationship-building is also being considered as a task within the social work role.

Relationship-Based Practice

Relationships between social workers and children in care are underpinned by theories, which “inform the nature and the scope of the helping relationship” (Murphy *et al.*, 2013, p705). Due to the complexity of the social work role, it is argued to be impossible to reach a

definitive definition of relationship-based practice that relies on only one theory (Ward *et al.*, 2010). Within social work, relationship-based practice tries to bridge the gap between the personal and social by combining ideas from attachment and psychoanalytic theories with systems theory (Burck and Cooper, 2007).

Attachment Theory

Attachment theory examines the relationships children form with those around them and how they impact on a child's development. Early research by Bowlby (1951) highlighted that children who did not have any maternal care, including those who grew up in institutions, were likely to develop severe long-term psychological damage. Later developments emphasise the importance of children forming secure attachments to develop a secure internal working model, which supports the formation of positive and care-giving relationships as adults (Howe, 1995; Bowlby, 1988). There is some concern about the limited empirical evidence to support attachment theory, including whether it can predict a child's long-term outcomes and the use of attachment-based therapies (Barth *et al.*, 2005; Quinton and Rutter, 1988). Despite these concerns, attachment theory can help social workers to understand children's current competence in forming and maintaining relationships through examination of the quality and nature of their previous relationships (Howe, 1995). This is particularly important for children in care, who may not have formed a secure attachment with their birth parents, and who are likely to have experienced separation from birth family members when placed into care.

Attachment theory has also been criticised for paying too much attention to the child-mother bond, and the potential this has to minimise the importance of fathers and others in the family network (Bretherton, 2010; Howe, 1995). The concentration on the child-mother bond arguably means mothers are socially constructed as primary carers, meaning they may be disproportionately blamed within child protection processes (Turney and Tanner, 2001). As infants, children with two parents can be expected to experience an attachment relationship with both a mother and a father. Research has suggested the father's role is equally as important as the mothers' for developing secure attachments in the longer-term, challenging the concept of primary and secondary attachment figures (Bretherton, 2010; Grossmann *et al.*, 2002). Many children also have significant relationships with other caregivers, such as grandparents, suggesting the importance of understanding attachment relationships in the context of children's support networks, rather than focusing on primary attachment figures (Howes, 1999). As children get older their social networks widen, and alongside this, the

number and significance of relationships in their support network also grows (Kerns and Richardson, 2005; Zilberstein, 2011; Sroufe, 2005). Understanding attachment in the context of a child's support network means it becomes possible to consider the role the social worker may play in children's development.

Research by Bell (2002) used attachment theory to explore relationships between children subject to child protection procedures and professionals, including primary carers. The research concluded either birth parents or foster/residential carers act as the primary attachment figures in children's lives, while social workers act as a secondary attachment figure. The child's relationship with the social worker was argued to be their most significant professional relationship. The authors framed this as a therapeutic relationship, within which the social worker needs to "model an interaction that is supportive, companionable and constant" to "provide a safe environment for children to reflect on their actions", which can positively impact on children's internal working models (Bell, 2002, pp8-9). Thus, children wanted a stable and reliable relationship with their social worker, but the authors raised concern that, while social workers have some individual control over managing their reliability, organisational issues mean that they do not always have control over managing the stability of their role. Consequently, understanding how attachment theory impacts on the relationship between children and social workers seems to require consideration of wider issues, such as government policy and organisational policy.

Psychoanalytic Approaches

Similarly to attachment theory, a psychoanalytic approach emphasises how children's early experiences can impact on their future development. For example, a child displaying anxious behaviour may be responding to previous basic fears from past experiences when their needs were unmet (Ruch, 2010). This represents 'transference', where a child's experience in a previous relationship is unconsciously transferred to a current relationship. Counter-transference describes a process whereby a social worker might unconsciously react to the feelings being transferred by the child (Ruch, 2018b). Anxiety is central to the psychoanalytic approach, being understood as a reaction to uncertain or distressing events, and the aim of the approach is to find ways to acknowledge and manage this anxiety (Ruch and Murray, 2011). Supervision and reflection are consequently viewed as important to enable social workers to become aware of how patterns of unconscious behaviour and anxiety might influence their relationship with a child (Ruch, 2018b).

While traditional psychoanalytic approaches focused on the immediate relationship between two people, more recently a psychodynamic approach has been developed to consider how wider systems can impact on these relationships (Ruch, 2018a). The importance of taking a psychodynamic perspective can be explored through the concept of 'containment'. It is argued that social workers can become the 'container' for powerful emotions expressed by service users (Bion, 1959). Hence, due to their emotionally challenging and risky work environment, social workers need to find ways to manage any resulting anxiety (Hingley-Jones and Ruch, 2016). Ruch (2007) suggests containment consists of three different elements; emotional containment (being), epistemological containment (knowing) and organisational containment (doing), and the current focus on procedures and processes means the 'doing' aspects of containment are being prioritised over 'knowing' and 'being'. 'Doing', it is argued, relates to how organisations have responded to anxiety and uncertainty in the context of children and family social work by prioritising procedurally-driven practice as a defence mechanism (Ruch, 2005). As well as holding professional anxiety, organisations hold rationing, performance/audit, partnership, and, due to austerity measures, survival anxiety, which can result in an organisational disjuncture between senior managers and social workers (Cooper, 2018).

Use of Self

'Use of self' has been defined as:

"the combining of knowledge, values, and skills gained in social work education with aspects of one's personal self, including personality traits, belief systems, life experiences, and cultural heritage" (Dewane, 2006, p545)

Thus implying, through training, social workers are able to develop a 'professional self' that they use purposefully and consciously in practice (Kaushik, 2017). While the use of 'professional self' has been contested for the way it separates the personal from the professional (Harrison and Ruch, 2007), it seems a useful way of understanding how social workers draw on their own emotions and psychological resources (the personal) to understand and intervene in other people's lives (the professional) (Gordon and Dunworth, 2017).

'Use of self' was a central part of social work training and practice in the middle of the twentieth century, however, a focus on outcomes at the turn of twentieth century meant social work practice focussed increasingly on tasks such as assessment, case management and signposting to other services (Gordon and Dunworth, 2017). There has been a revival of interest in relationship-based practice in England since the publication of the Munro Review

(2011b), leading also to renewed interest in the concept of 'use of self' in social work practice (Gordon and Dunworth, 2017). Despite the history of 'use of self' within social work practice, including social workers' and educators' perceptions of the importance of relationship-based practice, there is concern the concept has not been well-defined (Liechty, 2018; Trevithick, 2018). As well as 'use of self', terminology describing a similar focus on relationship-based practice in social work includes reflective practice, reflexive practice, and emotionally intelligent practice (Ferguson, 2018; Adamowich *et al.*, 2014; Ingram, 2013). While research has explored the use of self within clinical settings, there is less known about social workers' use of self in non-therapeutic environments (Reupert, 2007), including the relationships they have with children in care. Consequently, while social workers recognise the importance of 'use of self' as part of relationship-based practice, there is less clarity about what it consists of in practice or how it might present in different contexts and with different service user groups.

Attempting to clarify the concept, Dewane (2006, p544) deconstructed 'use of self' in social work into five operational applications; 'use of personality', 'use of relational dynamics', 'use of self-disclosure', 'use of anxiety' and 'use of belief system'. 'Use of personality' describes how social workers develop an awareness of the self they consciously use in practice, for example their use of humour, which supports building authentic relationships. 'Use of relational dynamics' describes the interaction between the social worker and service user, particularly the use of empathy. Empathy is the ability "to sense the client's private world as if it were your own, but without ever losing the "as if" quality" (Rogers, 1957, p99). The "as if" distinction is important because it distinguishes empathy from sympathy by ensuring the feelings of the client are not confused with those of the worker's, meaning there is a level of self-other awareness (Gerdes and Segal, 2011). Empathy is commonly used in social work but is criticised as poorly defined and understood in practice (Gerdes *et al.*, 2010). 'Use of self-disclosure' describes how much of their personal life the social worker discloses within the relationship. While there are guidelines for appropriate self-disclosure for therapists (Knox and Hill, 2003), there appear to be no such guidelines for social workers. These three aspects of the 'use of self', therefore, describe the communication skills social workers use during their interactions with service users.

Each of the above aspects of 'use of self' can be developed through training but, to be effective, need to be supported through good quality supervision (Adamowich *et al.*, 2014; Gerdes *et al.*, 2011). Dewane (2006) describes reflection as 'use of anxiety', arguing that by examining anxiety, change can happen in therapeutic relationships. Hence, social workers

should examine any anxiety about situations through honest self-appraisal, which can be facilitated through reflective supervision. 'Use of belief system' describes how social workers' beliefs about how the world works have developed and are operationalised in practice, outlining how ethics and values held by the social worker can impact on relationships. One critique of 'use of self' is that it fails to acknowledge the power difference in relationships between social workers and service users caused by organisational and legal duties which are part of the social work role (Mandell, 2008). However, a consideration of the use of belief system should facilitate the social worker to consider issues of power as part of 'use of self'. These two aspects of the 'use of self' then describe the reflective skills, ethics and values that are necessary to underpin relationships in social work practice.

In this study, relationships between children and social workers will be explored through the concept of 'use of self' as described by Dewane (2006). However, as argued above, the relationships need to be explored within the context of the wider system. An ecological perspective is being used to explore the systems surrounding the relationship between social workers and children in care.

The Ecological Approach

The ecological approach was developed as a systems framework to understand human development. Bronfenbrenner (1977, p514) argued, by limiting the study of human behaviour to an "immediate concrete setting" and the "observation of one or, at most, two beings at a time" traditional scientific models, such as developmental psychology, risked simplifying the complexity of human behaviour. He instead argued that human development needs to be both situated within the environment in which it occurs and understood as an ongoing process. To consider the immediate environment and those elements in the wider environment that can impact on development, the "ecological environment is conceived topologically as a nested arrangement of structures, each nested within the next" (Bronfenbrenner, 1977, p514). The structure was divided into four different systems; the *microsystem*, *mesosystem*, *exosystem*, and *macrosystem*.

The *microsystem* refers to relationships between the "developing person and environment in an immediate setting containing that person" (Bronfenbrenner, 1977, p514). This includes relationships between children and those living in their household, such as parents and siblings; and relationships in other settings, for example at school with teachers and peers. The *mesosystem* considers "interrelations among major settings containing the developing

person at a particular point in his or her life” (p515), so, is how those individuals and settings within the microsystem interact with each other. The *exosystem* describes structures that directly or indirectly influence relationships in the microsystem, for example, parents’ workplace relationships or friendships. Finally, the *macrosystem*, which consists of the “overarching institutional patterns of the culture or sub-culture”, including laws and ideologies within a particular culture, religion and government (p515).

The ecological approach has been criticised for being deterministic. For example, research analysing the use of the ecological approach to identify whether child abuse will occur argued it is too simplistic to assume that “given certain characteristics in the parents’ background, the community and culture, the ‘right’ family interactions occur, and abuse will happen” (Sidebotham, 2001, p108). For example, a child with a disability may respond differently to and provoke different responses from those in their environment than a child without a disability. This criticism was recognised in a later development, the bio-ecological approach, which sought to explore how genetics and heredity, or nature, interacted with the environment, or nurture (Bronfenbrenner and Ceci, 1994). Hence, while the ecological approach can help understand the probability of something happening, it should not be used to prove causation, because there will be interaction between the child and their wider environment.

Children’s past experiences may also impact on how they react within their environment. For example, a child who has previously been abused by a caregiver might find it hard to trust caregivers in the future, impacting on relationships formed at a microsystem level. This was addressed by the addition of the *chronosystem* to the ecological environment, which explores the:

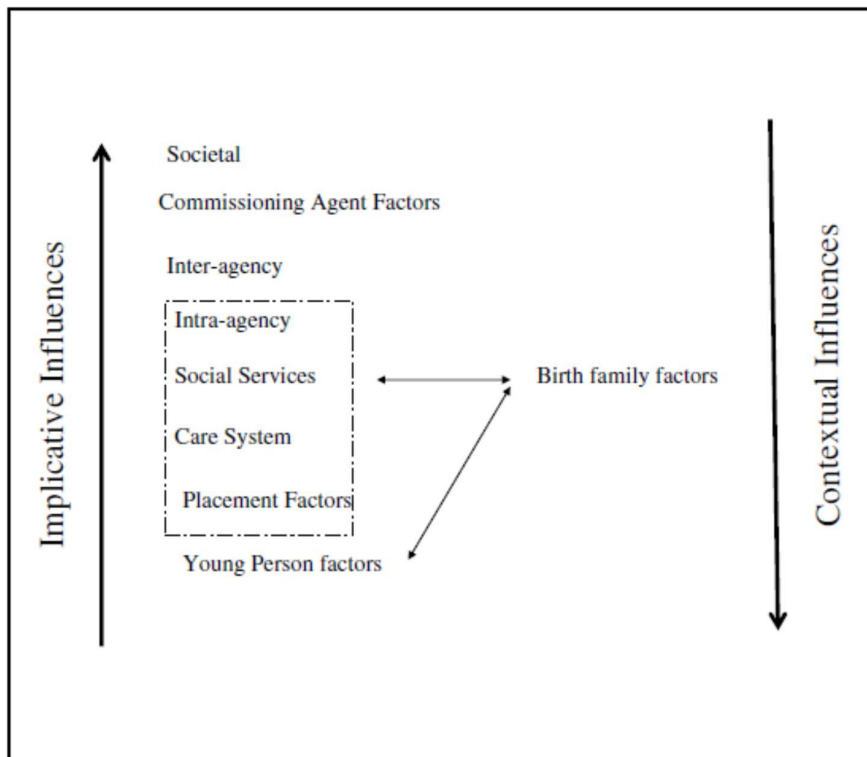
“...influence on the person’s development of changes (and continuities) over time in the environments where the person is living”. (Bronfenbrenner, 1986, p724)

The chronosystem considers transitions between different environments. Transitions are either normative, which are transitions most people will experience within a cultural context at some point such as starting school or work; or non-normative, such as a change in the microsystem due to a parent dying (Bronfenbrenner, 1986). In this study, moving from living with birth family into care, or movement between placements in care, would represent a non-normative transition. It is proposed that non-normative transitions can impact on children’s development, particularly when considered cumulatively (Bronfenbrenner, 1986). For example, the higher number of non-normative transitions a child in care has due to moving placements, the higher the chance this will impact on their development.

An Ecological Model for Children in Care

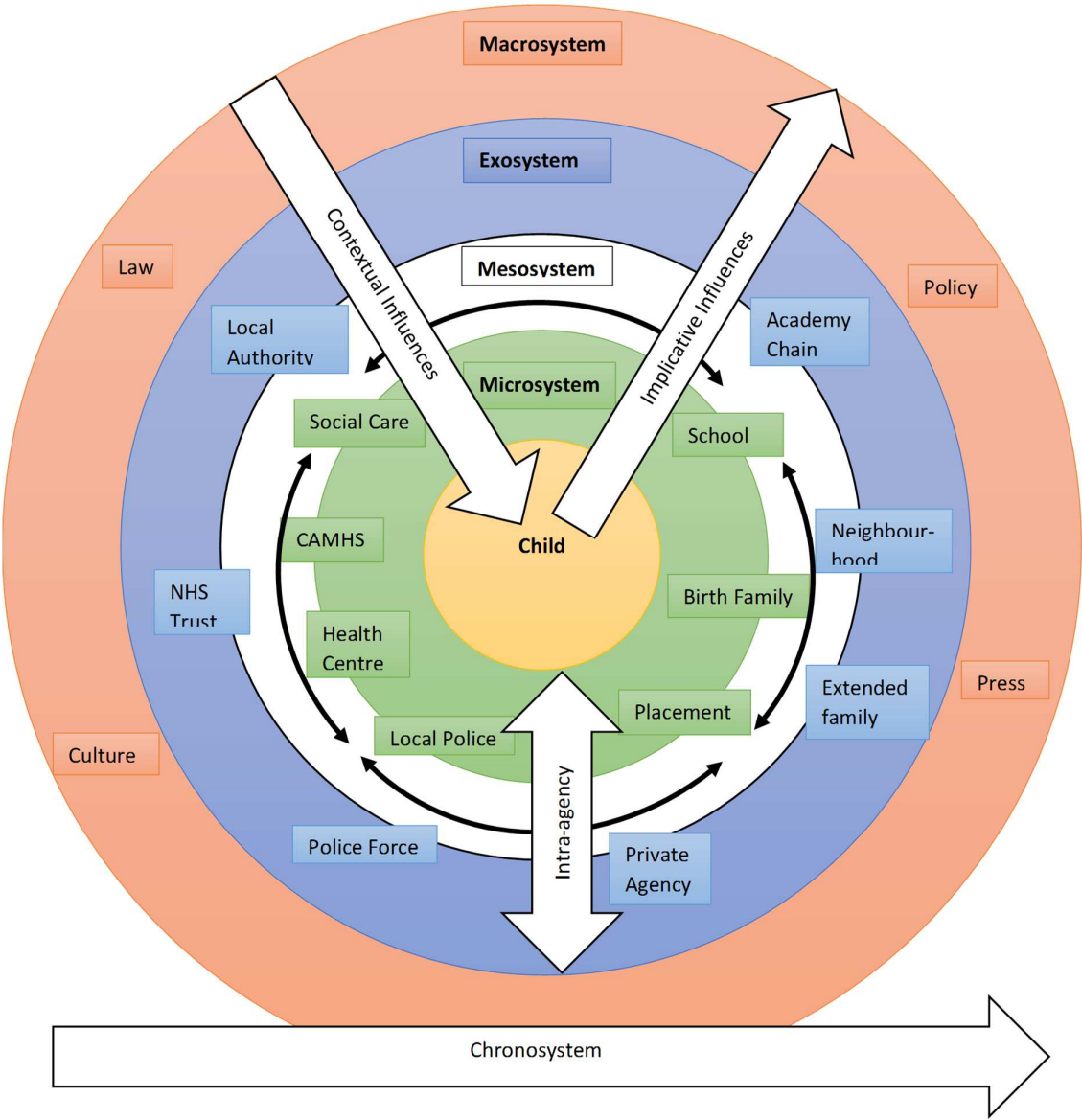
The ecological approach has influenced the development of social work policies and procedures in England. For example, the Framework for the Assessment for Children in Need and their Families (Department of Health, 2000a) was based on an ecological framework, within which children's welfare is assessed in the context of their developmental needs, parenting capacity, and family and environmental factors (Jack, 2001). However, it is argued this assessment framework does not translate across to work with children in care because, once a child becomes looked after, the local authority becomes the 'corporate parent' and enters the ecological framework around the child (Coman and Devaney, 2011). Coman and Devaney attempted to address this by developing a conceptual ecological framework to consider outcomes for children looked after. This framework includes the 'corporate parenting' context missing from the assessment framework and sets apart 'birth family factors' so that these are considered on a case by case basis rather than assumed to be relevant to all children in care (Figure 1):

Figure 1: An Ecological Framework for Considering Outcomes for Looked-After Children (Coman and Devaney, 2011, p48).



This model (Figure 1) recognises that young person factors potentially impact on development, consistent with a bioecological approach. At an intra-agency level the model includes the placement, care system, and social services factors. Above this in the model are placed other influences, including inter-agency working, commissioning and societal factors. The contextual and implicative influence arrows indicate how each system level influences the levels above and below them. The contextual influences show how each of the levels above has an influence on the levels below, and the implicative factors how each of the levels below influences the levels above (Coman and Devaney, 2011). While this is a useful starting point for understanding how the ecological environment impacts on outcomes for children in care, some themes seem confused in relation to the original ecological model. For example, the organisation of 'placement factors', 'care system' and 'social services' does not consider the multiple ecological system levels within each theme. It also excludes other aspects of the environment, such as peer relationships, which could influence development. This might be because the authors define inter-agency and intra-agency factors as separate themes, rather than considering how different system levels within each can interact. By integrating the original work of Bronfenbrenner (1977, 1986) with the framework developed by Coman and Devaney (2011), the following ecological framework has been developed for use in this study (Figure 2):

Figure 2: An Ecological Model to analyse the development of children in care



In this model, the child is nested at the centre inside each of the other system levels. Taking a bio-ecological approach, within the child system will be child factors, including their age, gender, and physical and emotional health. I have added an arrow at the bottom of Figure 2 to represent the chronosystem. This system will take account of any non-normative transitions the child has experienced, for example time in care and changes of placement. Non-normative transitions could be important to consider because, for example, it could be hypothesised that a child in a long-term stable placement might need less social work support than a child who has recently moved placement. Within the microsystem are those systems with which a child is most likely to come into direct contact, for example their school, children's social care, placement; although it is important to bear in mind that this will be different for each child. For example, some children will have regular contact with birth parents while others may have none. Within each of these systems will be the individuals that the child forms relationships with such as their teacher, foster carer, and doctor. Having added the local authority into the model as the corporate parent, at the microsystem level the child's relationship with their social worker enters into the ecological environment, which is the aspect this study is particularly interested to explore.

Within the mesosystem are the connections between systems the child has direct contact with. Therefore, having added the social worker into the structure, the mesosystem includes how the contact that the social worker has with other professionals, including teacher and foster carer, impacts on the relationship between the social worker and child in the microsystem. At the exosystem level are those structures that have a direct or indirect influence on relationships formed at a microsystem level. For example, each social worker will work within a team; while the child might not come into contact with other team members, the team structure will influence the type of work that the social worker carries out, the size of their caseload, and quality of supervision they receive, which in turn could influence relationships at the microsystem level. At the macrosystem level are the overarching policies and culture governing social work practice with children in care in England. This includes legislation and statutory guidance governing local authority involvement with children in care, as well as how these may have been influenced, for example, by child abuse scandals and managerialism. The contextual and implicative influence arrows will be used to explore transactions between the different system levels (Coman and Devaney, 2011). For example, structures for seeking the views of children in care differ across different local authority structures, which may impact on how the views of children are fed back up from the microsystem to exosystem level.

The ecological approach is criticised for being difficult to apply in research because of the number of factors involved and the need to consider how they each interact with each other (Sidebotham, 2001). I have added one arrow labelled 'intra-agency' vertically from the exosystem to the microsystem level (Figure 2). This arrow is to show that, within each individual agency named in the system, there will be implicative and contextual influences that are agency specific. For example, a child in care should have an allocated social worker who works in a social services team, usually within a local authority. To attempt to address the concern that the ecological approach can be unwieldy as a research tool, it is this intra-agency section of the ecological system the study will focus on. Thus, the ecological approach is being used as a map to explore how the relationship between a child and their social worker at the microsystem level contributes to development, to identify the factors at each level of the ecological environment that impact on this relationship, and the flow of implicative and contextual influences between each of the system levels. The next section considers how structuring an exploration of the relationship between a child and their social worker within their environment links to the wellbeing of children in care.

Social-Ecological Resilience

Resilience theory is based on a wellness framework, so, instead of explaining why children achieve poor outcomes, it can explore what helps children achieve good outcomes (Schoon, 2006). Using a resilience framework to evaluate outcomes is complex because resilience is not a static concept but can fluctuate over time (Luthar *et al.*, 2000). Therefore, while a child may appear resilient, it is not reasonable to expect them "to be doing well every minute of the day, under all imaginable circumstances, or in perpetuity" (Masten and Obradovic, 2003, p4). Thus, rather than being an outcome, it is argued resilience is a process (Rutter, 2013). A social-ecological approach to resilience builds on evidence that "children's positive outcomes are mostly the result of facilitative environments that provide children with the potential to do well" (Ungar, 2011, p4). Therefore, rather than viewing resilience as a fixed trait within a child, this approach suggests environmental influences can enhance resilience (Schofield and Beek, 2005). Hence, while traditional views of resilience might assume that some children do not possess resilience and are therefore unable to overcome adversity (Luthar *et al.*, 2000), a social-ecological approach to resilience explores how to structure social and physical ecologies in a way that facilitates children to build resilience (Ungar, 2011).

A social-ecological resilience framework recognises that society at a macrosystem level determines what is considered a good outcome (Ungar, 2011). For example, US ethnographic research exploring reasons why young Mexican immigrants engaged in violent behaviour, putting them at risk of criminalisation, found engaging in violence “originates as a response to violence on a societal level, and as a defence against personal, psychological harm” (Solis, 2003, p28), so is arguably an example of resilience. Without understanding the cultural context there is a risk positive adaptations indicative of resilience at an individual level poor may be identified as poor outcomes. Ungar argues therefore “more emphasis is needed on understanding the functionality of behaviour when alternative pathways to development are blocked” so changes can be made to the environment to enable children to find “other, more socially acceptable, ways of coping” (2011, p8). Thus, this study will explore how to structure the environment around children to facilitate them achieving the best possible outcomes. Social-ecological resilience is consistent with an ecological framework, within which human development is viewed as a process, because it focuses on how the ecological framework around a child can be structured to promote children’s wellbeing.

Wellbeing

Wellbeing is being increasingly used to measure how well children are doing in care. For example, in the United States, the child protection system seems to be moving from measuring outcomes, such as permanency and safety, to focus on children’s wellbeing (Jones *et al.* 2015). This move has been linked to a theoretical development of our understanding of what children need; from meeting children’s basic needs for safety and permanency through to higher-order needs of self-esteem and self-actualisation (Jones *et al.*, 2015; Maslow 1943). Wellbeing allows a more holistic and strengths-based assessment of development than traditional outcome measures, such as stability and educational achievement, which tend to focus on deficits (Ben-Arieh and Frones, 2007). It is also a move away from ‘well-becoming’, linked to achieving good outcomes as an adult, to a focus on childhood as a “life stage in its own right, rather than just as a preparation for adulthood” (Pople *et al.*, 2015, p60).

Despite the increasing use, wellbeing is more difficult to define than more traditional outcome measures (Jones *et al.*, 2015). Discourse analysis into the use of the term ‘wellbeing’ within the Department of Children, Schools, and Families (Ereaut and Whiting, 2008) found there was not even agreement on what form the word should take; ‘wellbeing’,

‘well-being’ or ‘well being’, with all forms being used, sometimes even within one document. An analysis of trends in word use has found in google searches the use of ‘well-being’ is in decline while the use of ‘wellbeing’ is on the increase (Pinkney, 2013).

Difficulty defining wellbeing seems to come from contention about whether wellbeing is a concrete concept that can be measured or is constructed according to the social and cultural context (Ereaut and Whiting, 2008). Those who adhere to the first definition are likely to use quantitative psychological tools to measure wellbeing and seek evidence of ‘objective’ wellbeing, which is criticised because it places the impetus on the researcher to decide what should be measured and what should be considered as a good or a bad outcome (Land *et al.*, 2007). Alternatively, ‘subjective’ wellbeing can be used, which seeks to understand what wellbeing means for the individual. However, the subjective approach is criticised because what is important to one person may be different to someone else, which can make comparisons difficult (Selwyn, 2015). Subjective wellbeing is also criticised because the measures used are ‘soft’, although researchers who base surveys on subjective rather than objective measures argue that such measures are well-established and tested for rigour (Bradshaw *et al.*, 2010). Some researchers argue that objective and subjective approaches are both beneficial and should be combined (Selwyn, 2015; Land *et al.*, 2007).

Consequently, the term wellbeing can be used in different ways and to mean different things. However, this flexibility is argued to be positive because the interaction between the theoretical development of the concept and its measurement has “contributed positively to the changing landscape of debate about children” by providing a “shared language to be used positively across disciplines and agencies” which has the “capacity to move us into fundamental, complex and far-reaching debates” (McAuley and Rose, 2010, pp214-216). Therefore, rather than a static concept, our understanding of wellbeing continues to be defined and developed as research using the concept continues.

Child Wellbeing Research

Child wellbeing research has generally lagged behind research into adult wellbeing, leading to a situation where, until recently, children’s own views about wellbeing were generally excluded from the literature (Fattore *et al.*, 2007). However, over the last ten years there has been a growing awareness of the importance of understanding children’s own perspectives on wellbeing. This is partly as a result of the UN Convention on the Rights of the Child (United Nations, 1989), which emphasised children’s rights to be consulted and involved in

decisions that affect their lives (Aldgate, 2010), and partly due to the growth of the 'sociology of childhood movement' which frames children as active participants in the social world, as opposed to objects of social interest (Ben-Arieh, 2008). Research into child wellbeing suggests children's perspectives about the importance of emotional and social relationships are different to adults' (Ben-Arieh, 2008), so a subjective viewpoint seems necessary in child wellbeing research.

Child wellbeing research is closely linked to the ecological approach to child development because, if "child wellness is predicated on the satisfaction of material, physical, affective and psychological needs", then it follows that "a child's wellness is determined by the level of parental, familial, communal and social wellness" (Prilleltensky and Nelson, 2000, p87). However, in subjective wellbeing research, some researchers question the applicability of the ecological approach. For example, a review of research identified that personality (a top-down approach) is a stronger predictor of wellbeing than objective life conditions and circumstances (a bottom-up approach) (Diener *et al.*, 1999). If personality is the driver of wellbeing, then the ecological approach has little applicability because it could be argued that how well a child does in care is due to their personality, which is like viewing resilience as a fixed trait within the child. Research comparing child wellbeing in different countries has shown children are happier in some countries than others, implying there are factors at a societal level that impact on wellbeing and, thus, genetics or personality are unlikely to be the only explanation for differences in wellbeing levels (Bradshaw *et al.*, 2011). Further analysis of data from a recent survey of wellbeing in England suggests both societal and personality factors can explain differences in children's subjective wellbeing levels (Goswami, 2014). Hence, current research seems to support the benefits of basing an understanding of child wellbeing within an ecological framework.

Wellbeing and Children in Care

In England, work by the Children's Society and the University of York to develop measures for the wellbeing of children have been influential (Pople *et al.*, 2015). This work set out to understand why, despite increasing wealth in the UK, there was an increase in emotional problems in children in comparison with other countries in Europe (Hughes *et al.*, 2006). The findings suggest children who do not live with their birth families have much lower subjective wellbeing levels than average (Pople *et al.*, 2015), which implies children in care are likely to have lower levels of wellbeing than children in the general population. Additionally, the latest report identified that children who experienced a change in family structure in the previous

year, problems in their relationships with friends, had mental health problems, or whose parents have lower subjective wellbeing, have been treated for anxiety or depression or have a long-standing illness/poor health, are likely to have lower wellbeing (Pople *et al.*, 2015). While not all children in care will have experienced these issues, they are more likely than children in the general population to have experienced at least one, for example, linked to the reasons that they came into care or due to a change of placement.

While this suggests children in care might have lower levels of wellbeing than children in the general population, it does not help to identify what additional support children in care need to achieve higher levels of wellbeing; leading to the report authors recommending further research into how to target services to improve the wellbeing of this group (Pople *et al.*, 2015). It also suggests that direct comparisons of the wellbeing of children in care and children in the general population may be unhelpful. Thus, it may not be possible to operationalise wellbeing measures for children in care in the same way as children in the general population. For example, while children in the general population place emphasis on relationships with family members (Pople *et al.*, 2015), children in care tend to place more emphasis on trusted relationships with adults and on participating in decisions that affect them (Selwyn, 2015).

Research by the University of Bristol and Coram Voice is seeking to identify and measure the subjective wellbeing of children in care in England. The research is attempting to conceptualise a child's wellbeing in care, which includes how they feel how they, how they are functioning and whether they are flourishing (Selwyn *et al.*, 2016). In the development of this model for measuring wellbeing in children in care, concepts of 'relationship', which are imbedded in the ecological approach outlined above, and of 'resilience', which will form the basis for measuring outcomes in this study, have been identified as key factors (Selwyn *et al.*, 2016). Focus groups with 140 children in care aged 5-24 years were held to explore what wellbeing meant to them, and the findings were used to develop surveys that could be used by local authorities to explore the wellbeing of children in care (Wood and Selwyn, 2017). This resulted in the development of four domains which children in care report are important to their wellbeing; relationships, rights, resilience building and recovery (Selwyn *et al.*, 2016). These domains will also form the basis of how subjective wellbeing is evaluated in the current study (Appendix 1).

Conclusion

This chapter has outlined how relationships between social workers and children will be defined and argued why it is important to explore relationships in the environment within which they occur. It was identified that relationship-based practice with children in care is underpinned primarily by attachment and psychanalytic theories and that these theories link to the way that social workers use their 'self' in practice. However, it was also argued that the way relationships are formed in practice need to be understood within the wider system in which they operate. In this study, the ecological approach is being used to explore how the wider systems around the relationship between a child and their social worker can impact on the quality of that relationship. Therefore, the 'use of self' can be used to explore the quality of the direct relationship between a child and their social worker, and the ecological approach to explore factors in the wider environment that may be impacting on relationship-formation.

Using a resilience perspective, the way the environment around a child is structured is proposed to be important for their wellbeing in care. By using wellbeing domains to identify who in a child's network is supporting each aspect of their wellbeing (Selwyn *et al.*, 2016), it should be possible to make a qualitative analysis of how the quality of the relationship between the child and their social worker impacts on wellbeing. Therefore, rather than trying to measure the wellbeing of each child in an objective sense, I seek to understand the child's view of their wellbeing, taking a subjective wellbeing approach, and then link this to who in their support network influences this, using a socio-ecological resilience approach. Having outlined the main theories being used in the study, the next chapter explores policy and research identified to impact on the social work role and the relationships built between social workers and children

3. LITERATURE REVIEW

Introduction

This chapter reviews legislation, policy and research concerning children in long-term care. The review starts by exploring how government policy and legislation have influenced the social work role since the start of this century. It moves on to focus on research relating to the relationship between social workers and children. In the conclusion, the findings are mapped on the ecological framework outlined in the previous chapter. While this is not a systematic review, a structured approach was taken to reviewing the literature to ensure the studies presented were relevant and trustworthy (Rutter *et al.*, 2010). Full details of the literature search methods are in Appendix 2.

Government Policy and Children in Care

This section outlines an overview of government policy in relation to children in long-term care in England from 2000 to the present day. Developments during this century will be explored, including managerialism, neoliberalism, child abuse scandals, austerity and corporate parenting, to consider whether they have impacted on the nature of work with children in care during this period. First, legislation concerning children in care is outlined.

Legislation

Section 20 and Section 31 of the Children Act (1989) set out the duties and responsibilities local authorities hold for children in care in England. Under Section 20 children are provided with accommodation by the local authority because there is no-one with parental responsibility to care for them, they have been lost or abandoned, the person who has been caring for them is prevented from doing so, or the local authority considers it would promote the child's welfare. The local authority does not hold parental responsibility for children cared for under Section 20, and a person with parental responsibility can, in most cases, remove a child from the accommodation provided. The local authority can apply for a Care Order under Section 31 of the Act if they are concerned a child is suffering, or likely to suffer, significant harm or the child is beyond parental control. Under a Care Order the local authority holds parental responsibility for the child and has the power to determine the extent to which parents and/or others with parental responsibility may exercise their parental responsibility.

Despite differences in how parental responsibility is enacted under Section 20 and Section 31 of the Act, the duties of the local authority towards all children looked after are the same. The main duty is to safeguard and promote children's welfare, which was adjusted by the Children Act (2004) to include a particular duty to promote educational achievement. Local authorities must employ an officer to discharge their duties towards children in care and in practice this will usually be a social worker. Local authorities must also ensure that they take into account the wishes and feelings of the child, their parent, any other person with parental responsibility or who is considered relevant when making decisions about children's care. This, therefore, begins to outline the government view of the social work role with children in care; to safeguard and promote the child's welfare, including their education, and to consider the wishes and feelings of the child and other connected people when making decisions about their care. Volume 2 of the Children Act Guidance and Regulations sets out in detail the social work role in care planning and reviewing the needs of children in care (DfE, 2015b). This includes carrying out regular statutory visits, assessments, Children Looked After (CLA) reviews, Pathway Plans and Personal Education Plans (PEPs)

Permanence

The concept of permanence has underpinned legislation concerning children in care since the 1980s following concern that children were drifting in care (Thoburn *et al.*, 1986).

Permanence is defined in statutory guidance as the "long-term plan for the child's upbringing" (DfE, 2015a). The DfE identifies three domains of permanence; legal, emotional and physical:

"Achieving permanence is multifaceted. It requires children to experience not only physical permanence in the form of a family they are a part of and a home they live in but also a sense of emotional permanence, of belonging and the opportunity to successfully build a strong identity. Legal status may also impact on children's sense of permanence". (DfE, 2013b, p7)

Legal Permanence

In the early part of this century permanence was usually obtained for children outside the care system through Adoption, Residence or Special Guardianship Orders. In March 2015, new statutory guidance was introduced to recognise long-term foster care as a route to legal permanence (DfE, 2015a). Through this, children who remain in the care system were given the opportunity to achieve legal permanence. Combined with the introduction of Staying-Put arrangements in the Children and Families Act (2014), enabling children to remain with their foster carers until they are 21-years-old, these policy changes offered children in long-term

foster care the opportunity to achieve legal permanence. However, this still excludes children placed in residential care from being able to achieve legal permanence.

Physical Permanence

Physical permanence seeks to minimise the number of placement moves children experience. Recent figures on placement movement indicated that 68% of children in care in England had one placement, 21% had two placements and 10% had three or more placements in the last year (DfE, 2017b). It is argued that most placement movement will happen soon after a child enters care and is policy-related (Koh *et al.*, 2014). Specifically, early placements often have short or medium term aims, such as emergency care or assessment, meaning children who remain in the care system have to move into different placements with long-term aims (Sinclair *et al.*, 2007). Placement instability is argued to contribute to poorer welfare outcomes. For example, government data suggests physical permanence can impact on educational outcomes: less than 15% of children who moved placement more than three times achieved five GCSEs at A* to C (DfE, 2014e). Another study found children who moved placement three or more times in a year were also three times more likely to be diagnosed with a conduct disorder than children in stable placements (Beck, 2006). Conversely, being in a stable placements was associated with a higher likelihood of achieving five GCSEs at A* to C (DfE, 2014e) and it is argued children in stable long-term placements can do as well as children who are adopted (Biehal *et al.*, 2009).

Children comment placement moves can make them feel anxious, but also recognise placement movement as beneficial if the move results in a stable long-term placement (Children's Commissioner, 2017). For those in long-term care, rather than placement movement, the length of their latest placement, or placement stability, may be the best way to represent physical permanence (Sinclair *et al.*, 2007). Until recently placement stability was measured by using data about all children under 16 years who had been in care for more than 2.5 years and judging children who have been in their latest placement for more than 2 years to have achieved stability (DfE, 2014g). The last published figures on placement stability indicated that 67% of children who had been looked after for more than 2.5 years in England had achieved placement stability (DfE, 2014f), which means a third of children in long-term care had not.

Emotional Permanence

The concept of emotional permanence aims to ensure children have a secure attachment with a primary caregiver (Munro and Hardy, 2006). Building secure attachments as quickly as possible is prioritised in care planning: a child's care plan must include a plan for permanence by the second child looked after review (Department for Children, Schools and Families, 2010) and care proceedings must be completed no more than 26 weeks from date of issue (Children and Families Act, 2014). Concern about lack of attachment for young children in residential care has also influenced an increasing use of foster care (Hart *et al.*, 2015). In March 2017, 74% of all children looked after in England were cared for in foster placements (DfE, 2017b), which represents a rise of 9% since 2010 (DfE, 2014e).

Government policy also recognises there are some older children who may not be able to live at home and do not want to be fostered or adopted, for whom residential placement may best meet their needs (Department for Children, Schools and Families, 2010). In 2017, 11% of all children in care in England were placed in residential care (DfE, 2017b). For these children there are particular issues around achieving emotional permanence. For example, even if a child is placed in one children's home for a long period of time, staff may join and leave the organisation, which combined with staff holidays, sickness and shift patterns, means relationships are likely to be unstable (Furnivall and Judy, 2011). While recent pilots of 'Staying Close' arrangements for children in residential care have the potential to provide young people with emotional stability when they leave care, it is too soon to comment on their effectiveness (DfE, 2016). Residential care is often used as a last resort, with three-quarters of young people placed in residential care having a history of placement breakdowns (Hart *et al.*, 2015). So, children placed in long-term residential care are likely to have the most unstable care histories, and yet seem to be offered the least chance of achieving emotional stability in the care system.

Corporate Parenting

The use of attachment theory to underpin emotional permanence (see Chapter 2) seems to place a responsibility on social workers to identify and secure stable long-term placements for children. Alongside this, the concept of corporate parenting requires local authorities to "act towards the children in their care as any good natural parent would act towards their own children" (UK Government, 1998, p11). This principle was introduced into legislation in the Children and Young Persons Act (2008) and updated in the Children and Social Work Act (2017) by the introduction of corporate parenting principles, which aimed to clarify the

responsibilities of local authorities and their partners towards children in care. Corporate parenting is particularly relevant for children in long-term care because the state assumes a long-term substitute parenting role (Bullock *et al.*, 2006). Corporate parenting aims to improve outcomes for children by ensuring the state takes responsibility for providing high quality parenting for children who cannot be cared for by their own parents (Frost and Parton, 2009). However, it is argued the state is unable to provide a child with day-to-day care, so how the corporate parenting role is understood and delegated to other parts of the corporate system, including the social worker, carer, and school can be problematic (Bullock *et al.*, 2006).

Research by Hollin and Larkin (2011) used attachment theory to explore the delegation of corporate parenting roles. Using discourse analysis to analyse the Care Matters Green Paper (Department for Education and Skills (DfES), 2006) and group discussions with social workers and social work managers, they found key differences between how social workers and policy makers understood corporate parenting. Government policy emphasised the importance of social workers building trusting and stable relationships with children, identifying social workers as children's primary attachment figure:

What children need more than anything is a stable, confident parent able and willing to be confident on their behalf. This is the social work role (DfES, 2006, p31).

This seems to assume that children's relationships with social workers will be more stable than placements:

The reality is because placements do - and sometimes should – change, the social worker is generally the best person to take on this consistent parental role (DfES, 2006, p33).

In contrast, social workers perceived birth parents as the primary attachment figure, and viewed their own role as 'team-mates' of the children, rather than being in an attachment role (Hollin and Larkin, 2011). While social workers identified stable placements as important for developing secure attachments, they spoke negatively about carers they perceived as too emotionally involved with children (Hollin and Larkin, 2011). While this research excluded the views of children, birth parents and foster carers, it does suggest there might be confusion about who should take the parenting role with children in long-term care, and how concepts of attachment and permanence relate to this. More recently, government policy has appeared to suggest foster or residential carers, rather than social workers, should take a parental role, describing the social work role as "necessarily dispassionate" (Narey and Owen, 2018, p27; DfE, 2018d). This suggests a shift in perception in government policy,

from the social worker as a primary attachment figure, to the parental role being perceived as incompatible with a professional social work role.

Managerialism

It could be argued that managerialism, which was initiated under the Margaret Thatcher government in the 1980s, has contributed to this shift. Managerialism aimed to improve performance in public services using a private business model of management (Harris, 2007). New Labour continued managerialism under the title of 'modernisation' (Harris, 2007), which it delivered alongside its Quality Protects programme of research (Department of Health, 2000b). To evidence good outcomes, local authorities were required to gather statistical data that was used to judge their performance, with good-performing local authorities being rewarded and poorly-performing ones threatened with government intervention (Department of Health, 1998). Outcomes were measured through performance indicators, which were developed alongside the main objectives of the Quality Protects programme. For example, one objective was to ensure that children in care could build secure attachments and two performance indicators were developed to measure this^{4,5}. The aim of performance indicators was to drive-up performance in the public sector. Certainly, they allowed for greater public scrutiny of services, and in the case of children in care, helped to focus local authority attention on reducing drift by minimising placement moves and ensuring that care plans were in place.

Performance indicators were introduced from the private sector. However, while in business the priority is often management efficiency or speed of service, in social care services relationships and emotional wellbeing of service users are as, if not more, important (Rushton and Dance, 2002). For example, while the development of performance indicators to reduce movement in care aims to increase stability, they risk assuming all placement movement is detrimental for children, while for children who are unhappy in placement a move can be desirable. Thus, performance indicators can fail to place issues in an appropriate context by also considering the specific needs of the child or the quality of the

⁴ PAF A1/NI 62: The percentage of children looked after at 31 March with three or more placements during the year.

⁵ PAF D35: Of children looked after at 31 March who have been looked after continuously for more than 4 years, the proportion who have been in their foster placement for at least 2 years. Replaced in 2008 by NI 63: The percentage of looked after children aged under 16 who have been looked after continuously for at least 2.5 years who were living in the same placement for at least 2 years, or are placed for adoption and their adoptive placement together with their previous placement together last for at least 2 years. (DfE, 2014g)

placement they are in (Sinclair *et al.*, 2007; Munro and Hardy, 2006). The concern is, reducing what is important in terms of quality of services to what can be quantified, might lead to a simplification of the social work task (Bilson and Ross, 1999, p174). It is argued this simplification has already happened in adult social care, where the social work role has become that of care manager, rather than a professional who directly intervenes in the lives of service users (Webb, 2006; Dustin, 2007). This study explores the influence of managerialism in the context of work with children in care.

Neoliberalism

Neoliberalism is closely related to managerialism, and is a political theory proposing:

“...human well-being can best be advanced by liberating individual entrepreneurial freedom characterized by strong private property rights, free markets and free trade.”
(Harvey, 2005, p2)

Rather than the welfare state, neoliberalism is concerned with “individualised consumers who are intent on self-reliance” (Garrett, 2008, p280). This seems to assume that those who use social care services are consumers who have choices over whether to engage with services and which services they use. However, not all service users can choose to engage with social care services, including children in care (Dustin, 2007). Two aspects of neoliberalism seem particularly relevant in this context; responsibilisation and privatisation.

Responsibilisation

Responsibilisation is argued to divert responsibility away from the welfare state onto individuals (Liebenberg *et al.*, 2015). One example in England is the Troubled Families Programme, which aimed to turn around the lives of those disadvantaged families with multiple problems identified as causing problems to wider society by, for example, supporting them to move off benefits and enter continuous employment (Ministry of Housing, Communities & Local Government, 2011). Arguable this policy attempts to reframe public perceptions of those who use social care services as responsible for their own situation, rather than as people experiencing multiple disadvantage (Butler, 2014). Research carried out in Canada (Liebenberg *et al.*, 2015) suggests government policy based on responsibilisation can filter through into the language used by professionals to talk about children, for example, professionals described children who did not comply with services as “‘making excuses’, ‘not following through’ or ‘not accepting responsibility’” (Liebenberg *et al.*, 2015, p1017). Children who exhibited behaviour issues, such as running away, frequently had notes recorded stating they needed to take more responsibility for their actions, but

seldom had notes considering the context within which these actions took place. Children who did not comply with services risked having them removed. This suggests neoliberalism can have a direct impact on the relationships social workers build with children in care and the services they are offered, by placing responsibility on the child to engage with services and the neglecting to examine whether services being offered are either accessible or appropriate.

Privatisation

Another aspect of the neoliberalism agenda is the privatisation of public services. Regarding children in care, there has been increasing use of the private and voluntary sector for residential and foster care services. While this was partly due to foster placements becoming the placement of choice and the public sector being unable to meet demand, it is also linked to an assumption that competition could help to increase quality and lower costs of services (Sellick, 2011b). Commissioning hubs were introduced so regional local authorities could join together to actively manage the market for placements, aiming to increase the quality of placements being offered while also decreasing the cost (Commissioning Support Programme, 2010). Conversely, it is argued this drove smaller providers out of the market, leaving a few large fostering providers, often owned by private equity companies (Sellick, 2011a). It also resulted in less stability for children in private foster placements (Selwyn *et al.*, 2010), partly due to local authorities being reluctant to spend more on placements in the independent sector (Sellick 2011a).

The increased use of residential care at a distance from children's home local authorities has been linked to the increased use of private sector placements; 83% of residential placements were provided by the private or voluntary sector last year (DfE, 2018e). Consequently, 61% of children in residential care are placed outside their local authority area (DfE, 2017a) and 41% more than 20 miles from home (DfE, 2018a); a significant increase over the last five years from 46% outside their authority and 36% more than 20 miles from home in 2012 (DfE, 2013a). Children living in residential care are likely to have the highest level of support need, and because of disruptions to birth family, friend, carer, and education support networks on moving out of their local area, to have the highest need for social worker support. While there are occasions when the choice of a placement further from home is made to manage risk or meet a child's complex needs (Narey, 2016), there is increasing concern that placement choice is being driven by the market rather than these needs (ADCS, 2017). Private sector residential placements are not geographically located close to where there is a need for placements and, while contested, it is suggested this is

due to a tendency for children's homes to be located in areas where house prices are cheaper (Comptroller and Auditor General, 2014; Narey, 2016). Thus, there is a risk the need of the private agency to make a profit is driving the location of placements, rather than the needs of children to be located close to their homes. This shows how a focus on profit, rather than the needs of children, potentially disrupts children's stability. It has been suggested local authorities could address this through more effective commissioning of placements to ensure sufficiency in their local area (Narey, 2016; Education Committee, 2014), however, there is little evidence to date of the effectiveness of this approach in practice. In fact, rather than the privatisation of placements reducing placement cost, there is concern a shortage of placements is increasing private sector placement costs (ADCS, 2017).

Another example of privatisation is Social Work Practices, which were piloted between 2008 and 2012 in England (Stanley *et al.*, 2014). The concept was also underpinned by a neoliberal agenda, which argued privatising social work with children in care would free-up social workers from local authority control to be able to build stronger and more stable relationships with children (DfES, 2006; Le Grand, 2007). The first issue that Social Work Practices aimed to address was that a child's journey through the care system regularly included moving between four or more different teams, with a different social worker holding case-responsibility for the child at each stage (Le Grand, 2007). To minimise unnecessary changes of social workers, Social Work Practices would take over decisions about the day-to-day care of a child at either the point of an Interim Care Order or Care Order being made, with the local authority maintaining responsibility for ongoing care proceedings, or at the point of coming into care for Section 20 cases. In practice, evaluation of the first five pilot sites found that children experienced a change of social worker on their move into the model, and also were at higher risk of further changes of social worker when contracts between Social Work Practices and local authorities were not renewed (Stanley *et al.*, 2013). Hence, it appears the process of contracting-out services can increase the risk of instability in relationships between children and social workers. Despite these concerns, the government continues to suggest moving failing services out of local authority control. This seems to be underpinned by an assumption that "private (or independent) is good, and public (or local authority) is bad" (Ferguson and Lavalette, 2013, p103). This seeming lack of trust in the public sector to provide good quality services may stem from child abuse scandals.

Child Abuse Scandals

Two significant child abuse scandals have influenced the development of policy throughout this century. The first was The Victoria Climbié Enquiry (Laming, 2003), which investigated the circumstances of Victoria's death in 2000. The Laming Report highlighted poor multi-agency working, individual practice failures and a lack of focus on the child. However, it also, for the first time in such inquiries, identified the failings of senior managers to "account for the shortcomings in their departments and their resistance, in most cases, to accept responsibility for them" (Balen and Masson, 2008, p122). This focus on management responsibility reflected the focus on managerialism underpinning policy in this period, driving further developments of managerialism in the child protection sector (Rustin, 2004). This included the introduction of the Integrated Children's System, which aimed to standardise information gathered and make it easier to pull together managerial reports, increasing the need for social workers to follow procedures and record their actions (Shaw *et al.*, 2009).

Another focus of the Laming Report (2003) was on the failure of social workers to respond to concerns appropriately. The social workers involved in the case were subjected to public criticism through the press and many lost their jobs, resulting in distrust by the public of social workers and impacting on social workers' confidence and morale (Parton, 2004). The report recommended improvements in social work training leading to the introduction of competence-based assessments. Rather than encouraging the process of social work in social work education through critical reflection and exploring emotion, which are argued to be essential for professional expertise to develop, this also led to an emphasis on procedure (Balen and Masson, 2008).

The death of Peter Connolly, 'Baby P', in 2007 further fuelled this mistrust of social workers. While the government initially tried to place blame on the carers for Peter's death, the Conservative Party in opposition fed the media's desire to place blame on the social workers involved (Warner, 2014). This resulted in the Director of Children's Services being dismissed live on television by a government minister, which was later overturned by the Appeal Court who stated she had been scapegoated to deflect pressure from the press (Shoesmith vs Ofsted & Others, 2011). Due to the negative publicity against social workers it became increasingly difficult for local authorities to recruit and retain frontline social workers within the children's social care sector, while at the same time the number of children being taken into care rose by 40%, something that has been termed the 'Baby P effect' (Jones, 2014).

The reporting on the Baby P case began to be critical of managerialism, describing social workers as “robotic bureaucrats who have become disconnected from humane response to suffering” (Warner, 2014, p1645). The Munro review of child protection, commissioned just after the Baby P scandal (Munro, 2011b), concluded that “instead of ‘doing things right’, that is following procedures, the system needed to focus on ‘doing the right thing’, that is checking whether children and young people were being helped” (Parton, 2014, p123). This resulted in a move towards reducing bureaucracy associated with children’s social work, demonstrated by the publication of the much shorter Working Together to Safeguard Children in 2013 (DfE, 2013c). Putting the focus back on social worker relationships and emphasising professional expertise, rather than the completion of tasks, has the potential to be beneficial for building relationships between children and social workers.

However, it is not clear if this reduction in bureaucracy was transferred across from a child protection context to work with children in care. For example, the care planning regulations increased from 129 pages in 2010 to 182 pages in 2015 (Department for Children, Schools and Families, 2010; DfE, 2015b), and the Children and Families Act (2014) introduced a 26-week time-limit on the length of care proceedings. Following the Munro review, it is argued child protection became the focus of children’s social care interventions, and funding for other types of work, such as family support and youth services, began to reduce in statutory services (Parton, 2014). Putting more emphasis on child protection services risks creating a culture within local authorities where work with children in care is less important than child protection work. I have not found any research that specifically explores the possible outcomes of this shift of focus within children’s social care services in practice. However, my practice experience and previous research (Cartwright, 2012) suggest there can be a culture within some local authority services where child protection work is perceived to be more important than work with children in care.

By decreasing reliance on procedures and targets, the Munro Review aimed to strengthen the role of social workers as key professionals (Parton, 2012). The post of Principal Social Worker was introduced to represent frontline social workers at a senior management level and advise on practice issues: and the Professional Capabilities Framework was implemented to map-out skills and knowledge at different stages of the social work career. While these initiatives aimed to increase professional expertise and encourage retention of social workers, in practice, more attention was given to the development of programmes, such as Frontline and Step-up to Social Work, which seek to increase the quality of those entering the profession, than on initiatives to support those already practising (Education

Committee, 2016). Alongside this, the development of accreditation for children and family social workers seems to represent continued doubt about the professional expertise of social workers, rather than increasing trust in professional competence and improving opportunities for continuing professional development (Education Committee, 2016).

Munro recommended more innovation in children's social work to "create less prescriptive working environments with more room for professional judgement" (Munro, 2011b, p12). This is shown through the development of the Department for Education Children's Social Care Innovation Programme (DfE, 2014c), which aims to encourage innovation in children's social care "to achieve better, different outcomes using new resources (or using existing resources in different ways)" (Spring Consortium, 2014). The first round of pilot projects was announced in 2014, with £100 million of funding from the government in the first two years focusing on two areas; rethinking children's social work and support for adolescents in or on the edge of care (DfE, 2014c). However, because the Munro review failed to make any mention of the privatisation of services, this means the recommendations could;

"... all too easily be incorporated into a government narrative that is concerned with reducing the role of the state in social work and searching for ways to increase market involvement" (Ferguson and Lavalette, 2013, p102).

Austerity

While the government accepted most recommendations of the Munro Review, some key recommendations have not been pursued. For example, the Munro Review (2011b) emphasised the importance of early-help services. However, the coalition government found itself in a financial crisis when it came into power in 2010 and responded to this through austerity measures. Austerity measures led to cuts of approximately 28% to local authority budgets over the coalition parliament, leading to many local authorities cutting non-essential services, often including youth services and children's centres (Parton, 2012). Thus, it seems wider political influences have threatened the implementation of some of the review's recommendations.

A relationship between austerity and the rise in numbers of children both in care and subject to child protection processes due to poverty and cuts to early intervention services has been suggested (Bywaters *et al.*, 2017; Featherstone *et al.*, 2017). The total number of children in care in England has steadily increased since 2010; on 31 March 2018 there were 75,420 children looked after in England, which represented a 22% increase since March 2010 (DfE,

2014e). However, it is argued that austerity alone may not explain this rise: the 'Baby P effect' has already been argued to have led to a rise in the number of children in care, and demographic trends including increasing numbers of unaccompanied asylum-seeking children may also contribute (Education Committee, 2017; Jones, 2014). Despite these arguments, increasing numbers of children in care might be increasing the workload of social workers, which in turn could impact on the time social workers have available to work with children.

Influence of Government Policy on Research

In the early part of this century the Quality Protects programme led to an increase in government investment in research into children in care, an area of social care research that had previously been neglected (Rushton and Dance, 2002). The concept of quality in the title was linked to managerialism and based on a need to show "demonstrable progress in achieving outcomes" (Rushton & Dance, 2002, p. 61), most easily demonstrated through quantitative methods. A significant piece of research in relation to children in care funded through this programme was Pursuit of Permanence (Sinclair *et al.*, 2007). This large mixed methods study gathered data over a one-year period about all children in care in 13 local authorities in England. The study concluded that, while the use of managerial systems helped to manage the movement of children in care, the key to children doing well was the enablement of relationships between children and their social workers, carers, and birth family by the local authority as the corporate parent.

However, because researching relationships between children and professionals is complex, how a child's relationship with their social worker contributes to wellbeing is less well understood (Turney, 2010). In quantitative research, this difficulty is likely to be due to attempting to reduce information about the quality of a relationship to a number. For example, while previous research suggests social worker instability can have a negative impact on outcomes for children in care (Rock *et al.*, 2015), there is concern that studies which emphasise stability as the key outcome are not sufficient because "many other important elements were omitted" (Selwyn *et al.*, 2016, p2). For instance, while stability is important, it is also important for children to be happy in their placement, which means placement moves can be in children's best interest (Sinclair *et al.*, 2007). Therefore, to base the analysis of relationships solely around quantifiable aspects risks missing information about relationship quality. For this reason, most research exploring relationships between children and social workers is qualitative in design.

Relationships Between Children and Social Workers

The initial literature search identified six UK and two European empirical peer-reviewed studies published within the last ten years that directly asked children about their relationship with their social worker (McLeod, 2006; 2007; 2010; Leeson, 2007; Barnes, 2012; Wigley *et al.*, 2012; Pölkki *et al.*, 2012; Christiansen *et al.*, 2010). A systematic review of children's participation in social work services also identified a lack of research, suggesting this might be due to disagreement about terminology used to describe relationships between professionals and children (van Bijleveld *et al.*, 2015). A lack of research could also reflect difficulty gaining access to children in care as research participants: because of their history of adverse experiences, they can be viewed as vulnerable and needing protection (Hepinstall, 2000). To extend studies considered, the initial search was augmented using the strategy suggested by van Bijleveld *et al.* (2015) of identifying literature referenced, including literature published more than 10 years ago and literature in a child protection context, as well as the addition of results from surveys and consultations with children in care in England (Selwyn *et al.*, 2018; Children's Commissioner, 2018b, Sherbert Research, 2009).

Results of studies reviewed identify that children are consistent about what they want in their relationships with social workers; to listen to them, to help them participate in decision-making, to keep their promises (trust), to see them regularly, and to stay long-term in their role. In studies including views of both social workers and children, social workers tend to agree the same aspects of relationships are important. For example, social workers said having a stable relationship with children was important, viewing the transfer of cases to new workers as another loss or rejection for the child, and impacting on their ability to make plans for young people (McLeod, 2007; Wigley *et al.*, 2012). In addition, carrying out regular visits helps social workers to understand the children they work with better (Pelech *et al.*, 2013; Barnes, 2012; McLeod, 2007). Taking the areas children report are important in their relationship with their social worker, this next section explores how these help a child do well, and what may support or be a barrier to building relationships in practice. Appendix 3 details the key studies used in this section of the review.

Listening

The Children Act (1989) outlines that social workers should take the wishes and feelings of children into account, which suggests listening is an important part of the social work role. Children who had a good relationship with a social worker, in a Child Protection context, said

their worker listens to them carefully before making judgements or giving advice (Cossar *et al.*, 2011). Despite this, children in care regularly report in research they do not feel listened to by their social worker (e.g. Children's Commissioner, 2018b; Stanley, 2007; Leeson, 2007). McLeod (2010; 2007; 2006) is one of the main contributors to direct research with children in this area. Her original study took place in 2001, gathering data from semi-structured interviews with eleven young people in one local authority in England who had been looked after for at least six months. One key finding was that children and social workers have a different understanding about what it means to listen; children perceive social workers listen to them if they then act on what was said; 'listening as action'; while social workers understood listening as being empathic; 'listening as attitude'.

When children do not feel listened to, they report adverse effects. For example, a study by Stanley (2007), which used focus groups to ask 14 children in care about mental health issues, concluded children can respond to not feeling listened to by exhibiting challenging behaviour. These behaviours can lead to professionals labelling children with mental health difficulties, but when analysed from the child's perspective, could be argued to be a reasonable response to their environment. For example, if a child was unhappy where they are living and felt no-one was listening to them or acting on their concerns, running away could be considered a reasonable response. Thus, the research recommended a need to recognise difficult behaviour might not be a mental health issue within a child and instead that difficult behaviour could reflect children's unhappiness with their environment. This appears to be supported in research by Leeson (2007), where one child talked about how not being listened by a social worker when unhappy in a placement led to him running away. Subsequently, he was labelled as having difficult behaviour, which he felt was unfair because, due to his perception of powerlessness in the situation, running away had felt like his only choice. A large mixed methods study carried out in Norway (Christiansen *et al.*, 2010) also highlighted the importance of children feeling listened to, finding that displaying difficult behaviour and/or running away was the only way children could get adults to listen to them.

Social workers have identified that the requirement to complete statutory tasks as a barrier to building relationships with and listening effectively to children (Winter, 2009). It is argued the requirement to complete tasks can mean the agenda set by the social worker is different to that of the child (McLeod, 2007). For example, during a visit the social worker may need to complete forms for a child looked after review, but the child may want to talk about a problem they are having at school. Research by Horwath (2011) on Child in Need

assessments in England suggested government timescales can mean social workers prioritise completing forms over meeting a child's needs. An analysis of social care records and interviews with children rights officers explored how lack of time may lead social workers to be reluctant to listen to children because they fear the child may disclose information that means they have to take responsibility for carrying out more work (Pinkney, 2011b). There is potential this finding could link to the findings of McLeod (2006), already outlined above that social workers interpret listening from an 'attitude' rather than 'action' perspective. Due to limited time, going into a situation with a set agenda may protect the worker from having to carry out further work. Hence, there is a risk that "procedure-based, as opposed to relationship-based, communication has come to hold sway" (Ruch, 2014, p2148), which could reduce how much social workers listen to children.

Additionally, some studies have shown social workers do not have the training they need to communicate effectively with children, impacting on their ability to build meaningful relationships (Winter, 2009, p456; Pölkki *et al.*, 2012). Conversely, other studies suggest social workers are skilled in communicating effectively with children, arguing instead the context in which communication skills are used may be more important (Archard and Skivenes, 2009). Research in Norway by Vis *et al* (2012), including both qualified and student social workers, found that obstacles to communicating with children did not decrease with experience or direct training, supporting the argument the work environment could be more important than the training of the individual. The impact of the work environment and training on building relationships with children is something this study will explore.

Participation in Decision-Making

One recent survey of children in care found a minority of children do not feel they are involved in decisions made about their care (Selwyn *et al.*, 2018) and another that most children wanted to have a greater role in the decision-making process (Children's Commissioner, 2018b). Article 12 of the United Convention on the Rights of the Child states children should be involved in decisions that affect them, and that their views should not be dismissed on the grounds of their age (United Nations, 1989). Research by Archard and Skivenes (2009) explored the views of social workers in both the UK and Norway about the participation of children in decisions in all child welfare situations, finding social workers were committed to the philosophy of children's participation in decision-making. However, in the UK, only about a quarter of social workers interviewed thought hearing what children had to say was a fundamental right, leading to social workers hearing what a child had to say when

it benefited an outcome that had already been decided by the worker, rather than social workers listening to and acting on a child's authentic voice. Therefore, participation of children in decision-making became "useful only in so far as it makes the compliance of the child with the decision more likely or less difficult" (Archard and Skivenes, 2009, p396), highlighting a potential difference between what social workers say listening and participation means, and what happens in practice.

McLeod (2010) suggests that, for children, participation often means treating them as an 'equal', which includes treating them with respect, valuing them equally as human-beings, and supporting their autonomy. Treating children as equals links to a social construction of childhood where children are viewed as active, rather than passive, participants in the world (James and James, 2004). Within this construction of childhood children are viewed to have 'agency'; so, to act as 'social agents' by making choices that have an impact on what happens to them (Mayall, 2002). Recent research by Berridge (2017) suggests children express agency through the choices they make, including deciding whether to actively engage in services. While children appear to be able to participate actively in decision-making, research suggests social workers are primarily concerned with respecting the views of or listening to children (McLeod, 2006). McLeod (2006, 2007) hypothesised this difference was due to issues of power: social workers' expressed concern about increasing the power given to children due to fears about their competence to exercise this power effectively. Views about the competence of children to be able to participate in decisions were linked by Winter (2009) to social workers' use of age-related child development theory to underpin practice. The use of child development theory has been found in other studies to lead to social workers viewing children as immature and dependent, rather than competent social actors able to make decisions about their own lives (Barnes, 2012; Leeson, 2007; Pinkney, 2011a).

Linked to this is concern expressed by social workers that participation may be harmful to children. A Norwegian study by Vis et al (2012) explored this in more detail, splitting down barriers to children participating in child welfare cases from workers' perspectives into three factors; the communication factor that considered the value of a good relationship between children and social workers, the protectionism factor that considered the potential harm to children from participation and the participation/advocacy factor which measured the inclination of social workers to include children in decisions. They found that the protectionism factor was most important barrier to participation: if social workers believed a child's participation was likely to be harmful, they would not facilitate them to participate.

Hence, how social workers construct their understanding of childhood seems likely to impact on how they build relationships with children, and consequently the extent children can participate in decision-making.

A further barrier to children's participation in decision-making is the time social workers can spend with children. A research study by Leeson (2007), who carried out interviews with four boys aged 12-14 years old in one local authority in England, found children had meaningful contact with their social workers only at formal meetings or during crises, which they did not think were the best times to be heard by workers. Further studies have identified that social workers do not always take enough time to listen to children, which becomes a barrier to being able to involve them in decision-making (Munro, 2001; Sherbert Research, 2009). Thus, there appears to be a link between needing to take time to listen to a child and enabling a child to participate in decision-making.

Regular Visits

Research suggests most children in care want to spend more time with their social worker (Children's Commissioner, 2018b). Children talk about valuing relationships with professionals who spend time with them and are there for them when it matters (Barnes, 2012). Children often refer to their relationship with their social worker as 'like a friend' (Children's Commissioner, 2018b). McLeod (2010) argues by 'friend' children mean social workers visit regularly and arrive on time, keep their promises, listen and are prepared to give some of themselves. Regularly spending time with social workers, particularly when engaging in informal activities such as playing games, is reported to help children feel they are important and, conversely, when children do not spend enough time with their social worker they can report feeling their social worker does not care about them (Children's Commissioner, 2018b; Sherbert Research, 2009)

Social workers perceive high workloads can limit the amount of time they can spend with children. For example, in research by Winter (2009), social workers reported wanting to spend more time with children to build good quality relationships, but said high workloads meant they could meet only minimum statutory visiting requirements. Research by Vis et al (2012) highlighted that having the time to build a good relationship was essential for enabling children to be able to say what they mean, as well as for workers to be able to evaluate whether what a child says truly reflects their meaning. Research carried out in Finland highlighted that a lack of time and human resources were the biggest barriers to the

participation of children (Pölkki *et al.*, 2012): identifying this may lead to social workers being reluctant to expose children to stressful experiences, preventing social workers from building meaningful relationships with children within which children are enabled to express their true thoughts and feelings. Thus, it appears time limitations might impact on the quality of the relationship social workers can build.

A UK study by Beckett *et al.* (2007) of social workers' views about care proceedings suggested time limitations mean social workers do not get to know children well enough to make balanced decisions and recommendations to the court, limiting children's active participation in care-planning. Research into reasons for placement breakdown found high workloads can result in social workers being more likely to react in a crisis once the placement had broken down, rather than working proactively to identify issues earlier and prevent placement disruptions (Norgate *et al.*, 2012). The time social workers have available may also change the content of work with children. For example, social workers in the study by Wigley *et al.* (2012) identified that, due to time constraints, social workers were no longer carrying out therapeutic work with young people and instead concentrating on an oversight role. Thus, time limitations potentially impact both on the quality of the relationship and the quality of decision-making, which could impact on the stability of children's placements and the extent social workers carry-out direct work with children.

Using data from a survey by Unison (2014), a study by Dickens *et al.* (2015) identified that social workers in children looked after teams in England have less than 2 hours per week per case for all tasks involving each child. However, it is difficult to quantify how much time social workers need to spend with children to build a good relationship. An Australian study attempted to breakdown the tasks that social workers carried out with children and how this impacted on stability (Tregeagle *et al.*, 2011). It found the highest proportion of worker time was spent with children in the first year of placement or in unstable placements, suggesting less worker time is needed with children in stable long-term placements. This is reflected in UK policy, where statutory visits are carried out either six-weekly or three-monthly, until they have been in a matched long-term placement for at least one year, when visits can reduce to six-monthly (DfE, 2015a). Interestingly though, this reduction in visiting frequency went against the wishes of the children consulted, who spoke about the "importance of the social worker in every aspect of their lives", saying they wanted social workers who knew them well and would be available when they needed them (DfE, 2014b, p26). Hence, there appears to be more work to do to understand how much time a social worker needs to spend with a

child, particularly those in long-term care, to build and maintain a relationship within which children feel comfortable enough to share concerns.

Keeping Promises and Trust

Children have reported when social workers are reliable and keep their promises it supports building trust in the relationship (Munro, 2001; McLeod, 2010). A research review suggested children need to be able to trust their social worker if they are going to confide in them (Minnis and Walker, 2012). Research by Winter (2010) identified young children have a tendency to blame themselves for the reasons that they entered care, and therefore need a trusting relationship with a social worker within which they can get a better understanding of their feelings. To build trust, children suggest social workers need to turn up on time to visits and complete actions they promise to undertake, such as applying for a birth certificate (McLeod, 2010; Sherbert Research, 2009).

In research by Winter (2009, p454) the social workers' role as an "agent of social control", was argued to conflict with their ability to build a trusting relationship: because the social work role is governed by legal and statutory frameworks, it may not always be in line with the wishes and feelings of the child. Research by Healey and Darlington (2009) with social workers in both statutory and non-statutory child protection settings highlighted how different contexts can impact on the relationships social workers build with children and families. For those in statutory contexts, when safety is a priority, workers are required to set the agenda, which can cause tension if this agenda is different from the child or families. This links to the issue raised by McLeod (2007), that workers needing to be more aware of whose agenda they are serving; their statutory position or that of the child. Research by Forrester et al (2008), which simulated child protection interviews with parents, identified social workers exhibit low levels of empathy when they exercise the authority of their role. This suggests increasing empathy, and honesty about the power in the relationship dynamic between social workers and children, could help to improve the quality of the relationship.

Stays Long-Term in Role

A final significant impact on whether children feel able to trust their social worker is the length of time they stay in the role. A recent survey found a statistically significant association between children who had three or more social workers in the last year and a lack of trust in their social worker (Selwyn *et al.*, 2018). Children have reported they want their social worker to get to know them and stay for a long time because it is frustrating to

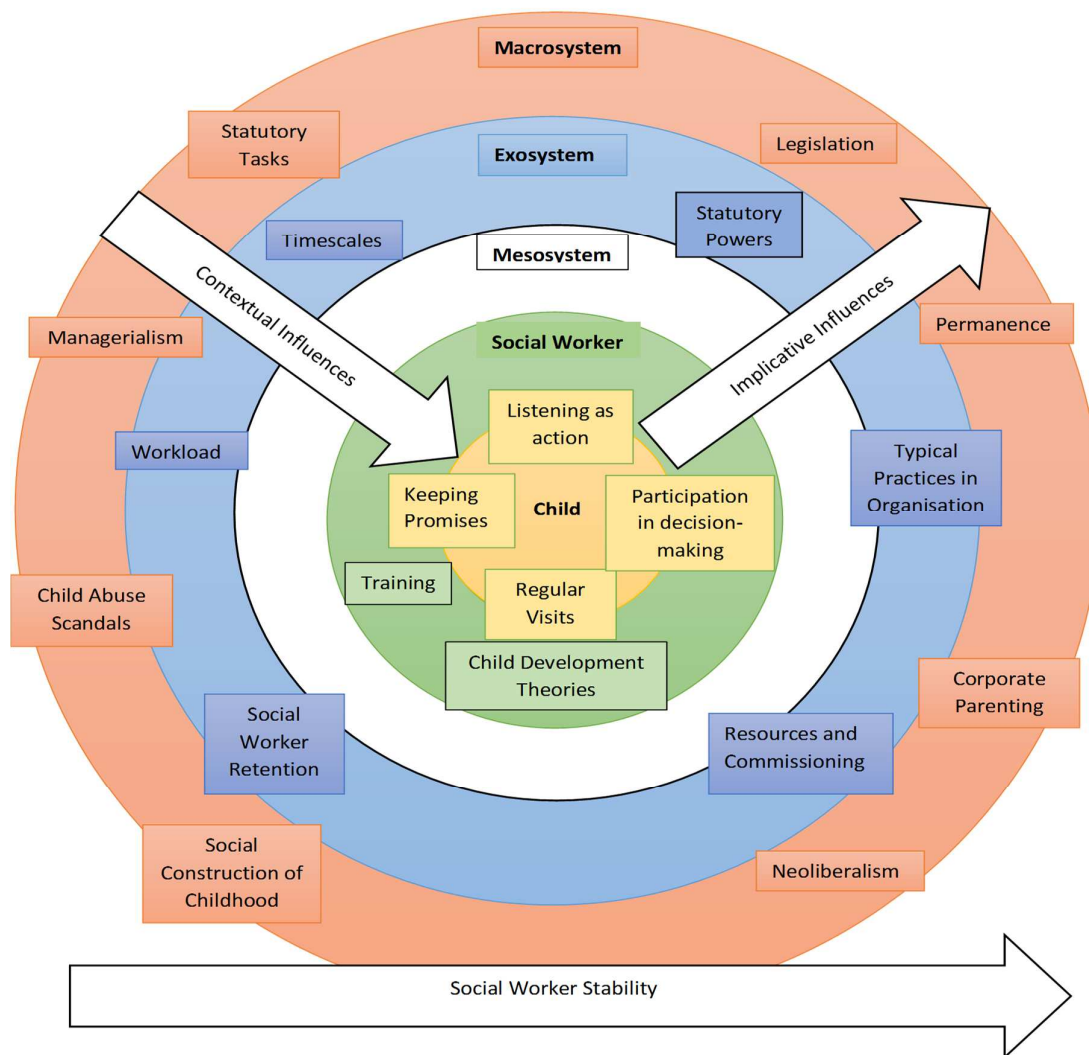
have to repeat personal information to new workers and can be frightening to express how they really feel to new social workers (Munro, 2001, Pölkki *et al.*, 2012). Regular changes in social worker can mean children feel unable to talk about what is happening in their lives (Leeson, 2007) Children have described changes of social worker as “acute distress akin to a bereavement” (McLeod, 2010, p779). Social workers in the study by Wigley *et al* (2012, p582) commented on the potentially negative impact of case transfer for young people, which could mirror experiences of rejection or unreliable parenting within their birth families. Research by Broadhurst and Pendleton (2007) found changes of worker can impact on planning for children, for example by delaying discharge home from care. Roach and Sanders’ (2008) study of care and child protection planning for children in Wales highlighted that there was a high turnover of workers during the study period, an average of 2.25 workers per case, which impacted on planning for children. Continuity of social worker is also important to foster carers, who cite that the high turnover rate of staff damaged relationships with both themselves and the children in their care (MacGregor *et al.*, 2006).

Despite the importance of children having the opportunity to build trusting relationships with social workers, social worker instability is far more common than either placement or education instability (Children's Commissioner, 2018a). The Children's Commissioner estimates one in four children in care in England experienced two or more changes of social worker over the last year: however, because figures were not provided by all local authorities these findings may not be accurate (Children's Commissioner, 2018a). A survey of 2263 children in care in England found a higher incidence of social worker changes, with 31% of those sampled reporting they had three or more social workers and a further 35% two social workers in the previous year (Selwyn *et al.*, 2018). This means only 33% of those surveyed had achieved social worker stability in the previous year. While social worker changes are the most common non-normative transition faced by children in care, the reasons for these changes are not as well understood as reasons for placement and school changes (Children's Commissioner, 2018a). For example, while one study (Jobe and Gorin, 2013) identified that changes of social worker can be due organisational policy, for example when a case moves from an initial assessment to children looked after team, other studies suggest social worker changes may be due to retention issues (McFadden *et al.*, 2015). Taking an ecological approach means this study can explore a broad range of influences on the stability of social workers.

Conclusion

Policy change at the start of the century focused on improving the management of children's social care services. This had some positive impacts for children by raising awareness of timely care planning and achieving placement stability. However, there was a risk the social work role would change from being professional with expertise in building relationships to that of a care manager whose role was to arrange and manage services for a child. The social work role as care manager was further reinforced through the increasing commissioning of services for children in care. Recently there has been more attention paid to the importance of relationship-based practice in a child protection context, but how this is broadened-out into practice with children in care seems less well developed. The social work role with children long-term care may therefore be unclear; in some policies the social worker is enacting the role of a parent by providing children with a stable relationship they can attach to, while in others they are acting as a care manager to ensure other services are in place to provide this sense of permanence for children.

Figure 3: Factors potentially influencing the social work role and relationship-building with children in care



Having explored changes in the social work role with children in care, and the relationship between social workers and children, Figure 3 maps the findings from the literature review onto the theoretical framework outlined in the previous chapter (Figure 2). From this map it appears most issues impacting on relationship-building are located at mesosystem, exosystem and macrosystem levels, suggesting the context relationships are built within is likely to impact on the quality of relationships formed. Previous research also suggests the importance of understanding contextual issues. For example, Ridley *et al's* (2016) evaluation of Social Work Practices concluded team structures were important, suggesting a link between higher quality relationships between children and social workers and teams that concentrated only on work with children in care. The Munro Review (2011b) highlighted time

as an important factor, arguing demands on statutory social workers to complete paperwork and meet performance targets can mean social workers feel pressurised to prioritise these over meeting children's needs. Horwath (2011, p1084), whose research was in a Child in Need context, concludes high workloads and performance management can pressurise social workers to practise in ways they are unhappy about, arguing "the challenge, therefore, is changing the organisational culture in which frontline staff function".

Yet, some studies argue that the training of social workers is likely to be more important than the contexts in which they work. For example, Winter (2009, p458) concludes that a "good quality relationship can happen in spite of or despite organisational and structural constraints", and therefore that "inter-personal and intra-personal attributes are as important, if not more important". So, rather than structural or organisational change, arguing it is more important to train social workers in communication skills to provide the relationship that children want. A 'practice-near' study concludes, to improve relationships with children:

...initiatives should be resourced that develop practitioners' reflective capabilities and help to improve their communication skills by equipping them to effectively respond in child-centred to the unpredictable and uncomfortable realities of practice (Ruch, 2014, p2160).

While this accepts the environment is impacting on the relationships social workers can build, it places the responsibility on the social worker to improve their communication skills, rather than addressing issues in the environment influencing relationship-building. Hence, there seem to be conflicting views about whether the training of social workers, or context within which practice occurs, has a larger impact on how relationships are built between children and social workers, and how to respond to this. This study will explore the interaction between issues at different system levels, for example training at a microsystem level and workloads at an exosystem level, to analyse how they impact on relationship-building.

4. RESEARCH DESIGN

This chapter starts by outlining the research aim and questions. I then move on to explain the research design, including the epistemological and ontological stance underpinning the design. I will describe the process taken to gather the data, including ethical issues, sampling, method and research instruments, and finally, the process for analysing the data.

Research Aim and Questions

The overall research aim was to explore the way social workers fulfil their role with children in long-term care, and how the relationship between the child and social worker influences children's wellbeing. The following research questions were developed to address this aim:

1. What have been the major changes in the nature of social work with children in long-term care in the 21st Century?
2. What is the current social work role with children in long-term care according to policy statements, social work managers, and social workers?
3. How do children and young people describe their relationship with their social worker in relation to other key people in their network? What aspects of relationships with social workers are important to children and young people and why?
4. What is the perceived impact of relationships between children and social workers on the wellbeing of children in long-term care?
5. To what extent does the social worker role enable relationships to be formed between children and social workers?

Research Design

The study is a snapshot design, where participants are asked about their views at one point in time, rather than gathering data over time. A snapshot is appropriate when the focus is on establishing the current state of affairs in a particular field in order "to understand institutional knowledge, practices and routines" (Flick, 2014, p137). The ecological approach is used as the conceptual framework to organise the research questions, design and outcomes of the study (Green, 2014).

Critical Realism

The ecological approach is closely aligned with a critical realist worldview. Critical realism outlines three levels of reality; the *empirical* domain, consisting of events that can be observed; the *actual* domain, consisting of events whether or not they are observed; and the *real* domain, consisting of structures and mechanisms that produce these events (Blaikie, 2007). These levels of reality can also be found in the ecological system. Taking a child's perspective, the empirical domain is represented by children's direct experience of their relationships in the microsystem. The actual domain represents how organisational issues in the exosystem and multi-agency working in the mesosystem can impact on how relationships between children and social workers are formed. The real domain is represented by how law, policy and culture at a macrosystem level impact on social work role expectations and relationship-building. Using a critical realist perspective then allows exploration of how the experience of children in care at a microsystem level can be influenced by, for example, organisational, political and cultural factors at other system levels. This approach accepts that personal experience is subjective *and* that wider structures represent an unseen reality that can impact on this experience.

Critical realism is a philosophy of science which criticises both positivism and interpretivism for being flat ontologies because, by only allowing investigation of the empirical domain of reality, they reduce what exists to what can be either observed or experienced (Danermark *et al.*, 2002). By embracing both the interpretivist idea of multiple constructed realities and the positivist idea that there is a truth 'out there' (Braun and Clarke, 2013), critical realism offers a stratified view of reality which goes "beyond the empirical, exposing generative mechanisms and their underlying structures" (Lennox and Rozzet, 2017, p28). Rather than traditional positivist causation, which assumes a linear process, the idea is to understand how these mechanisms work within a social structure, whether they have been activated, and under what conditions (Sayer, 2000).

Through understanding how mechanisms work within a social structure it is arguably possible to provide a theoretical explanation for the social world (O'Mahoney and Vincent, 2014). While these theoretical explanations are not able to predict concrete outcomes, they are perceived to have explanatory power to explain why things tend to behave in certain ways (Groff, 2004; Danermark *et al.*, 2002). Therefore, rather than being deterministic, how mechanisms work within social structures are understood to produce 'tendencies' (Houston, 2005). This means, while theory is used to help clarify and simplify what is being observed

(O'Mahoney and Vincent, 2014), it is understood to be “fallible and open to adjustment” (Danermark *et al.*, 2002, p15). A critical realist researcher will typically start with a problem and develop an initial theory which outlines *potential* mechanisms impacting on the empirical domain (O'Mahoney and Vincent, 2014; Fletcher, 2017). This initial theory informs the research design and allows a deeper analysis, through which potential mechanisms will be reconceptualised to “support, elaborate or deny that theory to help build a new and more accurate explanation of reality” (Fletcher, 2017, p184). Consequently, it is argued critical realism can help explain social problems and address these through practical recommendations for policy change (Fletcher, 2017).

Critical Realism and Social Work

Social workers practice in a complex environment, where the work they carry out is influenced, not only by the child and family they are working with, but also their training, work environment, local and government policy and the wider culture. Social workers recognise this complexity through the way they understand social problems in practice. For example, research with social workers in Denmark identified they use subjective, objective and social constructionist assumptions to understand social problems, accept the reproduction of social problems within systems and reflect on “the uncertainty of understanding and explaining social problems adequately” (Nissen, 2015, p229). The complexity of the ontological and epistemological model social workers use to understand situations in practice, when compared to the ‘flat’ ontological and epistemological underpinnings of much social work research, has led to concern that there is a widening gap between social work research and practice (Anastas, 2014).

Since the beginning of this century, there has been a growing emphasis on evidence-based social work practice in England (Houston, 2005). Evidenced-based practice aims to provide social workers with the answer to ‘what works’ in practice and is potentially positive for the profession because good research can help practitioners ensure they are providing a good quality and accountable service (Pawson, 2006; Dustin, 2007). However, evidence accepted as ‘good’ tends to be biased towards positivism, a philosophy which asserts that society can be observed and explained “logically and rationally” (Babbie, 2013, p60). For example, the Randomised Control Trial (RCT) was considered the most robust form of evidence for the evaluation of projects for the innovation fund for children’s social care (McNeish, 2017). RCT’s follow an empirical pattern of problem solving, meaning they can help determine what outcomes are likely from an intervention. However, because results from experiments based

on artificial closed comparisons may not always translate to a real-world context, they are less useful for explaining how and why social care services work (Pawson, 2006; Houston, 2010). Thus, while RCTs are useful to explore outcomes from interventions, there is a risk they ignore the complexity of problem-solving within social work practice (Dustin, 2007; Anastas, 2014). For example, social workers in a New Zealand study (Beddoe, 2011) were critical of objective methodologies because, to uphold social work values, they thought research should include subjective evidence, including the voices of service users.

Qualitative research seeks to understand the subjective meaning of individual situations (Peile and McCouat, 1997). While subjective methodologies actively seek to explore meanings through the voices of service users (Craig and Bigby, 2015), they are limited in the impact they can have on social work practice *because* the impact of the 'real' social world is understood to be subjective (Houston, 2001, p858). So, by considering reality to be socially constructed the emphasis is on individualistic differences in experiences and meanings rather than the social structures underpinning these. This may explain why, as discussed in the last chapter, the research by Winter (2009, 2010), which used an interpretivist methodology, concluded organisational issues were less important than interpersonal and intrapersonal issues for relationship-building with children in care.

Critical realism is proposed as one way to bridge the gap between social work research and practice. Firstly, because the stratification of the social world within a critical realist perspective appears to be closest to how social workers problem-solve in practice (Longhofer and Floersch, 2012). Secondly, because it mirrors the commitment to anti-oppressive social work practice by identifying mechanisms of oppression and giving a voice to the oppressed (Lennox and Rozzet, 2017). Due to its stratified nature, critical realism is compatible with a range of different research methods from both qualitative and quantitative research traditions (Sayer, 2000). Despite this, there have been few examples of applied critical realism in research, leading to a lack of methodological development (Lennox and Rozzet, 2017; Bhaskar, 2014; Oliver, 2012). Most writing about the approach is engaged in complex philosophical debates using inaccessible language, rather than being clear about how to apply the research in practice (Craig and Bigby, 2015; Oliver, 2012). Thus, despite the potential for critical realism to help understand social problems, the complexity of philosophical arguments about the application of the approach appears to have led to a lack of engagement within social work research (Longhofer and Floersch, 2014).

The application of critical realism to social work research has been critiqued because, when identifying mechanisms, value judgements are made about the evidence gathered which may be biased (Hammersley, 2009). Linked to this is concern that imposing structural claims on research participants may be unethical, particularly when these claims are based on the researchers' own views (Briar-Lawson, 2012). I attempt to address these concerns by being transparent about the value judgements made in this study, for example by outlining how my own identity as a researcher may have impacted on the design, data collection and analysis decisions made, and by representing as closely as possible the voices of research participants. Additionally, until more research is carried out in social work underpinned by a critical realist philosophy, I would argue these criticisms are hypothetical, based within philosophical arguments about the approach, rather than proven concerns based on social work research carried out using this methodology. I think whether critical realism can help bridge the gap between social work research and practice can only be known if more studies attempt to use the methodology.

Therefore, I am not arguing that critical realism is the only philosophy that can underpin social work research. In fact, critical realism is compatible with a wide-range of methodologies (Briar-Lawson, 2012) and invites a pragmatic approach in research where methodologies and methods are appropriately linked to research questions and aims (Danermark *et al.*, 2002). However, I would go as far as Anastas (2014, p577) to argue social work research needs to "be based in theories and constructs that matter to practitioners, ones they use and find meaningful". Accordingly, my choice of a critical realist methodology to underpin this study is closely related to my practice experience as a social worker. My social work practice was underpinned by an ecological perspective, which helps explain why it is also central to the research design, and the ontological basis of the critical realist approach appears to best fit with the ecological model. My aim in carrying out the research is not only to find out about the experiences of children in care, but also to try to uncover structural and organisational factors that may impact on their wellbeing, which can be facilitated through a critical realist approach. This demonstrates how my identity as a social worker has influenced the development of the research design and could also impact on value judgements made when gathering and analysing the data (Braun and Clarke, 2013).

Overview of Research Process

The process for conducting this study was based on my interpretation of the six stages of critical realist research outlined by Danermark *et al.* (2002, pp109-111):

- Description
I outlined the area of study in Chapter 3 by reviewing existing policy and research.
- Analytical Resolution
In Chapter 2, the conceptual frameworks of relationship-based practice, the ecological approach and wellbeing were introduced to distinguish the different components under study. The development and refinement of the research questions and methodology in this chapter also represent this process.
- Abduction
The data gathered was interpreted and re-described using the identified conceptual frameworks in Chapters 5, 6 and 7.
- Retrodution
I used retrodution to analyse the data gathered to identify potential mechanisms and structures that could help explain the importance of the social work role and relationships to the wellbeing of children in care. Therefore, at this stage of the analysis I was asking: “What makes X possible?” (Danermark *et al.*, 2002, p97).
- Comparison Between Different Theories and Abstractions
The Chapters 8 and 9 discuss how the conceptual frameworks were evaluated and refined for their usefulness in helping to understand the research problem.
- Concretisation and Contextualisation
This is the final stage of analysis, where the analysis identifies the contextual conditions which, when present, can produce a tendency for a mechanism to take effect and result in the empirical trend observed (Fletcher, 2017). In this study I was seeking to identify what supports or is a barrier (contextual condition) to social workers building good quality relationships with children in care (mechanism), which result in children in long-term care having higher levels of subjective wellbeing (empirical trend). This stage is represented in the conclusion, Chapter 10, where the research questions are answered and recommendations for future practice are made.

While this gives an overall structure to the study, I have moved backwards and forwards between the different stages as the study has progressed.

Ethical Issues

I used the Research Ethics Framework (ESRC, 2015) to guide the ethical practices in the study. The University of Bristol School for Policy Studies Research Ethics Committee granted ethical approval prior to the commencement of fieldwork (Appendix 4). Additionally, I followed research governance procedures for each local authority involved. Key ethical issues were informed consent, potential harm, confidentiality, anonymity and data management. Because these issues were integral to the research process at every stage, they are discussed throughout at the relevant points.

Data Collection

Sample

I used purposive sampling to ensure participants would be able to provide information relevant to the research questions (Bryman, 2012). Participants had relevant experience as either a child in long-term care, or as a social worker or manager working with children in long-term care. This was based on a comparative case study approach, where cases are selected from one 'concrete context', in this case children in care, and then include a range of cases so that similarities and differences can be compared (Danermark *et al.*, 2002; Layder, 1993). It is argued, using a comparative case study approach to identify common mechanisms across cases that "a better approximation to scientific explanation is achieved" (Ackroyd and Karlsson, 2014, p31).

I used the 'leaving care curve', as outlined in Chapter 1, to define children in long-term care. Children were eligible to take part in the study if they had been looked after for over one year and with a plan to remain in the care of the local authority. Child participants needed to have the capacity to give their informed consent and be able to take part in a basic writing or drawing activity. For this reason, children aged between 7 and 18-years-old were invited to take part. These basic requirements of capacity and ability excluded some severely learning-disabled and very young children. In practice, participants ranged between 10 and 18-years-old and did not have either a physical or learning disability.

The Recruitment Process

To explore whether the way organisations are structured can impact on social worker roles and relationships, I recruited participants from three local authorities in England. In each of

the local authorities recruited there was a dedicated child in care team. While it would have been interesting to include more local authorities with different team structures, this was not practical within the timescales of the project. To provide a variety of views and experiences, I aimed to recruit a sample of children that represented a range of characteristics in terms of age, gender, ethnicity, and stability in latest placement. I initially set out to interview 15 children and to also speak to their allocated social worker. I also aimed to talk to two social work managers from each local authority. In practice, the recruitment of participants was very difficult: three children, eight social workers, and two social work managers were recruited to the study. A reflective analysis of the recruitment process, which went through five stages, is in Appendix 5. I present here the main barriers to recruitment, which were at stages 3, 4 and 5 of the process (Figure 4):

Figure 4: The recruitment process



In each local authority I was given the name of a senior manager to access participants for the research (Figure 4: Stage 3). In two cases the role was assigned to a manager by someone else in the organisation, and once their initial gatekeeper role had been completed, both these managers ceased contact with the researcher. In the third case, the senior manager was involved from Stage 1, and when they became aware of recruitment difficulties, actively recruited social workers to the project by booking time for the research into their diaries. Thus, the local authority where I had the most success recruiting participants was where a senior manager gave social workers explicit permission to take part in the research. So, it seems important for senior managers to take an active interest in research taking place in their local authority, beyond solely acting as gatekeepers to research participants.

However, even when interviews were arranged with social workers (Figure 4: Stage 4), they were often subsequently either rearranged or cancelled. For example, research interviews were arranged on three occasions with one social worker, which all had to be cancelled at short notice. This social worker eventually decided they did not have time to take part in the research, and their reasons are worth quoting at length:

I really wanted to take part in this research study. Unfortunately, the demand of front-line social work has not enabled me to do this. From emergency placement moves, to statutory visits, personal education plan meetings and court hearings, having the time to sit and engage in research has proven impossible. The endless amounts of paperwork and reports with tight deadlines can feel unmanageable, and quite often is unmanageable. Something else has always taken priority. In my practice, a child or young person will always be a priority and each time I have put time in my diary to engage in research, a child has needed me. To move them to a new placement, to attend a meeting about their education, or to visit them at home to tell them the outcome of a court hearing. These are all tasks that I do not feel can be dealt with anyone else other than the child's social worker, to provide the child with consistency and reliability from the person arranging their care and who they have built a trusting relationship with regardless of the personal difficulties they are experiencing. I am concerned about social workers' ability to engage in research. With increasing caseloads, demands on social workers is becoming greater and the impact this has on relationship-based practice is worrying. With greater caseloads, how can social workers give the time needed to a child? To sit and get to know them? Hear about their best friend at school? Their favourite meal? Their bad night's sleep? This is worrying for our children⁶.

One manager, who participated in the research, reflected during their interview on the difficulties recruiting social workers in their team to also take part:

It's just that there are too many children, that's the thing that gets in the way... you know the research, with the social workers, there's so much to talk about, the social workers have so much to tell you, they just don't have the time to tell you. We talked about it, I talked to everyone about it the other week, all the social workers in [the team], and they're like, yeah that's brilliant, that's brilliant, and as they walk out the room...

Therefore, while social workers want to take part in research, a significant barrier to participation seems to be the limited time they have available. As we shall see, one finding in this research project is that social workers do not have enough time to build good quality relationships with children. The difficulty recruiting social workers seems to link to this study finding.

Children were the final group of participants to be recruited to the study (Figure 4: Stage 5). In each local authority, the only route to accessing children was through their social worker. The small number of social workers successfully recruited then had a knock-on effect on the number of children who could also be recruited. Even when recruitment of a social worker was successful, the recruitment of a child did not automatically follow. For example, in three cases emergency situations meant the children were identified as too vulnerable to participate in the research at that time. In a further three cases the child identified by the social worker declined the invitation to take part in the research: one because they said they did not like to talk about themselves and a further two initially consented and later changed

⁶ Permission given to use email anonymously in research project

their minds. To increase the numbers of child participants I explored different methods of recruitment, including asking social workers if other children on their caseload were interested, through fostering teams, and children in care councils, but no responses were received. Due to the lack of response it is difficult to be certain why social workers and local authorities were reluctant for children to be accessed via different routes. While it might simply reflect the limited time social workers have available to respond to the researcher's requests, it could also be due to a perceived need to protect the children in their care.

To protect children from any potential risk associated with participating in research, there were four stages of recruitment, or gatekeeping barriers, before I could directly access children. Despite adults' concerns about children's participation, rather than finding it a negative experience, most children I spoke to (including at the pilot stage), commented positively about taking part:

I think a normal person's map would be like, Mummy, Daddy and whatnot, but mine's not like that, obviously, due to circumstances... but I like seeing it. Yeah, yeah. Definitely. I wouldn't change it. No. (Young person, age 18)

...I'm glad I did it, it was sort of like counselling again... I feel better about myself (Young person, age 17)

I help myself.

You help yourself? How do you help yourself? (Researcher)

By learning to eat food.

Oh, that's a good thing to do.

Yeah, and by doing what I'm doing exactly right now, writing things down, it helps me remember stuff. Except it doesn't always, because I always forget to remember where I put the stuff that I wrote down... (Child, age 10)

Valuing the opportunity to take part in research is consistent with previous research, suggesting children find it generally to be a positive experience (Winter, 2010). While at Stage 1 of the recruitment process local authorities were keen to engage because they valued research including the voices of children in care, the number of gatekeepers in place seems to make it difficult to include children as research participants.

Consent

Because the research design meant speaking both to a child and their social worker, there was potentially a conflict of interest around consent. By nominating a child, the social worker was also agreeing to take part in the study. This could potentially have excluded children from taking part if their social worker did not want to participate or put pressure on the social worker to take part because a child on their caseload would like to. Children may also have felt pressure to take part because their social worker had nominated them. So, it was

important to ensure each individual participant had the opportunity to understand what the research was about and gave their independent informed consent to participate.

The Research Ethics Framework (ESRC, 2015) states informed consent should be sought from both a child and their parent or legal guardian; in the case of children in care the person with parental responsibility will depend on the legal status of the child. Where children are cared for under Section 31 of the Children Act (1989) the local authority will be able to give consent. Two children were cared for under Section 31 and so consent was given via the local authority. Where children are cared for under Section 20, the social worker was asked to confirm if it was appropriate to contact the child's birth parent, and if it was, the birth parent was approached to give consent on an opt-out basis. Opt-out consent was sought from birth parents as this is a group that can be difficult to engage. In practice, one birth parent declined consent for their child to be involved in the study. One of the children who participated was aged 18 at the time of the interview and therefore able to consent for herself according to university guidelines.

Previous research suggests children as young as four-years-old want to engage in research and can make decisions about participating in research (Winter, 2010; Kirk, 2007; Goodenough *et al.*, 2004). Hence, rather than viewing children in care as incompetent, or vulnerable and in need of protection from adults, I consider children as competent social actors who have the right to choose whether to be involved in research that has the potential to impact on their lives (Kirk, 2007; Hepinstall, 2000). To ensure that children could give their informed consent, I provided age-appropriate written information about what the study involved (Appendix 6). I offered to meet each child prior to the research visit, to ensure they fully understood what they were being asked to do and felt able to consent without pressure from any other party. In practice, one child chose to meet with the researcher on this basis, and gave initial consent to be interviewed, which he later withdrew. All other children were happy to progress to the research interview based on the information provided in the information sheets and by their social workers. The children were given the option to end the interview at any time, and reminded of this during the interview if needed, and informed consent was sought again at the end of the interview. All children signed a consent form (Appendix 7). I gave children support information sheets with prompts about whom they could talk to about issues that may have been raised during the interviews (Appendix 8).

Social workers and social work managers were given written information about the study by a senior manager within each local authority and asked to contact me if they were interested in taking part (Appendix 9). Consent was discussed at the start of each interview, participants signed a consent form, and consent was revisited again at the end of the interview (Appendix 10). Social workers were also given support information sheets with prompts about whom they could talk to about any issues that may have been raised during the interviews (Appendix 11).

Because social workers were acting as the main gatekeepers, by recommending children to take part, there was a risk they would choose children they had a good relationship with. In practice, this did happen in at least one case, where the social worker told me they chose the case because they were proud of it. However, in one other case the social worker chose a child because they thought they had something important to say about their experience of relationships with social workers. As the study was taking a resilience approach, exploring what supports children's wellbeing, a positive skew on the children and relationships chosen was considered unlikely to impact overall on the results.

Semi-Structured Interviews

Data was collected using semi-structured interviews with children, social workers and social work managers. I chose this method because semi-structured interviews meant I could explore the experiences of each of the participants in depth (Mason, 2002). Due to the personal nature of the data being gathered and the inclusion of children in care as research participants, this was a sensitive piece of research and a semi-structured interview format allowed me to respond to the individual circumstances of each participant (Dickson-Swift *et al.*, 2008; Brewer, 2004). This meant I could ensure participants were able to fully participate, that any concerns or questions were responded to immediately, and that I was alert to any risk of stigmatisation or potential harm from participation in the research process (Dickson-Swift *et al.*, 2008).

Other research methods were considered, for example focus groups, however these could have limited the depth of information that was shared and risked breaching individuals' confidentiality when talking about care histories and support networks. It also would not have allowed me to build up a rapport with participants so easily or notice whether a participant was distressed. Interviews as a research method are criticised because they represent a reconstruction of the participant's lived reality rather than being a true reflection of events

(Mason, 2002). However, I am taking a pragmatic approach where the data is seen to hold “value beyond the context of the immediate research interaction”, in particular because it “includes the participant’s explicit interpretations and understanding of events” (Yeo *et al.*, 2014, p180). Thus, while the information may not always be factually accurate, it will represent how the participant remembers events and what is significant to them about the subjects being discussed.

Interviews with children were carried out face-to-face at a venue of their choice. One child was living in foster care, one in supported accommodation and one in a Staying-Put arrangement at the time of the interview. Two children chose to speak to me at their placement and one at their college. A distressing incident involving another young person happened during one research interview, which caused the young person distress and resulted in the interview being paused multiple times. However, despite offering to stop the interview, the young person was adamant they wanted to continue. Due to the context of what happened, I am aware this incident could have negatively biased the young person’s comments about their carers. One young person chose to speak to me with their social worker and foster carer present, meaning there was a risk they may not have felt comfortable to tell me anything negative about those present. While this has the potential to bias the findings, it was felt to be of primary importance to prioritise the needs of the child to feel comfortable to take part in the research.

I carried out interviews with social workers and managers at their place of work. In practice, this meant social workers were sometimes interrupted during the interviews, and one interview was stopped and rearranged because the social worker was interrupted on three occasions and becoming visibly stressed. This could be argued to demonstrate the pressure social workers can be under in the workplace. Social workers in some interviews appeared anxious when talking negatively about their managers and the wider organisation, seeking reassurance that the findings would be confidential. I am not sure if this anxiety would have been lessened if the interview had taken place at a neutral venue, but it is possible the choice of venue has influenced the findings.

Participants were told that the information they shared would remain confidential, unless they said something that indicated a risk of serious harm, in which case information would need to be shared in line with University of Bristol and local safeguarding procedures

(Appendix 12). With the permission of participants, I recorded the interviews using a university-owned encrypted voice recorder.

Pilot Interviews

I carried out two pilot interviews with children, aged 6 and 17, prior to data gathering. As neither child involved in the pilot study met the sample criteria these pilot interviews are not included in the findings. The purpose of the pilot interviews was to test the interview process. I wrote a reflective account of each of the pilot interviews and used this to develop the topic guide and research instruments.

One child involved in the pilot, unknown to the researcher prior to the interview, had previously had extensive involvement with children's social care. During the interview they shared some upsetting personal information. I reminded them at various points the interview could be stopped at any time and that they had control over what they told me, but they chose to continue. I was worried about potential emotional harm to this participant, however, at the end of the interview they told me the experience had helped them by reaffirming the positive support network they have in place now. This reflects wider concern about children's participation in research, which can lead to children being excluded due to fear that involvement might cause emotional distress (Hepinstall, 2000). The young person's feedback after the pilot interview mirrors the findings of research by Leeson (2007) that children in care valued having the opportunity to tell their story and that "even when distressed by their memories, they found relief through the recounting of those experiences" (p274). This experience confirmed the research instruments being used were effective in facilitating discussion about difficult topics, however, also indicated the interviews needed to be carried out sensitively, potential risks outlined clearly to children before the interview, and the importance of providing support information.

Research Instruments

The Researcher

I considered myself a research instrument because, by taking an active role in carrying out the interviews, I had the potential to influence how the interaction was shaped (Yeo *et al.*, 2014). My previous role as a social worker meant I possessed skills relevant to carrying out research interviews, including skills in active listening and rapport-building (Silverman, 2013). I also felt confident interacting with children and other professionals and using the

interview tools because I had used these before in a professional context. However, it was important to be mindful I was now interviewing for a different purpose. As already acknowledged, my identity as a social worker has been very important to the development of this research project. Yet, in this context, while I was using skills I had learnt as a social worker, I was now in the role of a researcher. For example, I tried to take an empathically neutral approach to the interviews to influence the views and experiences of the participants as little as possible (Yeo *et al.*, 2014). This was sometimes challenging, for example, one young person spoke about having been denied access to their records and the negative impact this was still having on her wellbeing. While during the interview I remained neutral to hear what she had to say, I did offer, after the interview was complete, information about how she could access these records, along with advice about the type of support she might need if she choose to do so. I used the time when transcribing the data to examine my skills as an interviewer and think about how they could be developed in future interviews. For example, in some early interviews I became aware I would sometimes repeat extraneous remarks and then move on to a new question, rather than using a follow-up question to explore them in more depth (Yeo *et al.*, 2014), and this is something I tried to address in future interviews.

Topic Guides

A topic guide was used in the interviews to ensure key issues were covered. These were developed from the literature review and based on an ecological framework to gather information about the relationship between children and social workers, factors that impact on relationship-building and the wellbeing of children in long-term care. The topic guides were arranged in four main stages:

- Introduction
- Background and contextual information – Timeline Activity
- Core part of interview – Ecomap Activity and Wellbeing Questions
- Summarising and looking to the future (Arthur *et al.*, 2014).

Children's topic guides were reviewed following pilot interviews to ensure the wording was appropriate and understandable (Appendix 13). The social workers' topic guide was adjusted following the first two social worker interviews to include information about the social workers' background and experience (Appendix 14). A topic guide was also used in the interviews with the social work managers to help keep focus (Flick, 2014) (Appendix 15).

While the topic guides were followed, I did not always ask the questions in the order provided on the guide, and sometimes asked additional questions to explore areas of interest during the discussion. This allowed flexibility to ensure that language was accessible to, and mirrored that of, the participants as well as allowing additional probing on issues that appeared relevant to the research objectives at the time the interview was carried out (Arthur *et al.*, 2014).

Timelines

A timeline was completed with children and social workers to gather a graphical representation of contextual information, including placement moves and changes of social worker, since the child entered care (Appendix 16). It consisted of asking children and social workers to draw or write on the timeline changes that had been important to the child since they entered care. The activity was placed early in the interview to get the participant talking about concrete experiences, which is often easier than talking in detail about attitudes and feelings (Arthur *et al.*, 2014). As well as giving appropriate background information, the activity was designed to gather information about the chronosystem, so to highlight non-normative transitions that may be relevant to the development of the child (Bronfenbrenner, 1986). To reduce any risk of emotional harm information was gathered only from the point children entered care. The timeline was completed from the memory of the child and the social worker to get a sense of which changes had been important for them, rather than to get a detailed and accurate history of the case. This was particularly significant for interviews with children to ensure they had control over what they chose to share with me. In practice, this caused social workers anxiety because they felt a responsibility to get the information right for the child, despite reassurance I was primarily interested in understanding the general context, rather than gathering factually current information.

Ecomaps

An ecomap was used as the main activity in child and social worker interviews. The ecomap is used in social work practice as a diagrammatic tool to map the ecological system surrounding a person or family (Hartman, 1995). An ecomap will typically be started by drawing a circle to represent either a person or household. Then, outside systems that influence the individual or household are identified, for example school or work, and lines are drawn to connect these to the person/household that represent the type of relationship with these systems and the direction of flow of influence (Appendix 17). Therefore, ecomaps help to gather and organise information and explore the relationships between the systems

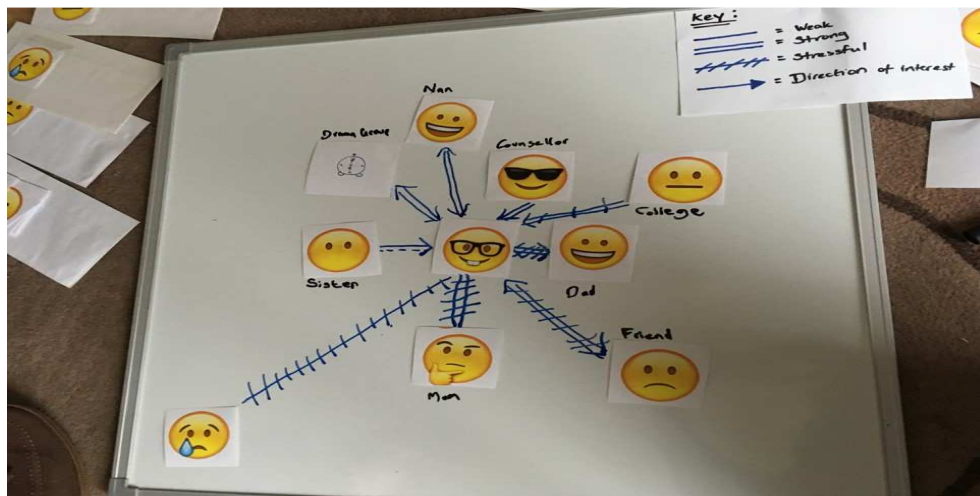
identified. It is a useful interview tool, because the collaborative nature of creating the map, helps to engage participants in the process and equalise power dynamics between the interviewer and interviewee (Hartman, 1995). As a practising social worker, I have experience using ecomaps in professional practice.

While ecomaps are regularly used as a tool in social work practice they appear to be seldom used in research (Rempel *et al.*, 2007). A study by Baumgartner *et al* (2012) employed a similar design to this study, where an ecomap was used with children, parents and teachers. Through word of mouth and resource tracking I identified five further studies in relation to children in kinship and foster care in England (Bazalgette *et al.*, 2015; Farmer *et al.*, 2013; Aldgate, 2009; Farmer and Moyers, 2008; Heptinstall *et al.*, 2001). All the identified studies used what they describe as a modified version of the ecomap, where the child placed people into one of three concentric circles based on how important the person was to them, rather than using lines to signify the strength and nature of the relationship. Rather than an ecomap used to explore support networks and relationships, this seems to be a modified version of the 'Five Field' map, developed as an instrument in psychology to describe a child's social network from their point of view (Samuelsson *et al.*, 1996). However, the choice of this format in previous studies with children prompted me to explore whether the traditional ecomap or a modified 'Five Field' map might be more accessible to children.

The format of the ecomap activity was explored with children and young people at the pilot stage. When using the 'Five Field' map circles format, the younger child found it hard to understand the concept of placing people further or nearer depending on the importance of the relationship, while the older child naturally placed people on the map at a distance from himself according to the strength of the relationship, regardless of the format used. Using the circle format seemed to restrict some of the discussions about the direction, strength and quality of relationships. Consequently, I chose a traditional ecomap design but adapted this for use with children and young people using a whiteboard, magnets and emojis⁷, giving participants the flexibility to place people nearer or further from them in distance if this helped them to visualise and explain their feelings about the relationships (Figure 5):

⁷ Emojis are an image or icon used in social media and text messaging to express an idea or emotion.

Figure 5: Ecomap from pilot interview with 17-year-old male⁸



In interviews with children, the ecomap was used to construct a picture of their microsystem, understand where the social worker fits into this system, and the role they and other microsystem network members play in supporting their wellbeing. Constructing the ecomap was the focus of the interview, however I needed to be prepared to ask questions to prompt and guide the interview throughout (Bryman, 2012). Once the ecomap had been drawn, further extending questions were asked to get more detail about the specific role their social worker played within this network. The indicators from the *Bright Spots* project (Selwyn *et al.*, 2016) were used to identify who on the child's ecomap supported them to work towards each aspect of wellbeing (Appendix 1).

In interviews with social workers the ecomap was used to explore the social worker's relationship with a child in long-term care. The first aim of the social worker interview was to explore whether social workers and children have the same or different understandings of relationships at a microsystem level and why they are important. Additionally, I asked social workers to replicate the system around themselves in relation to their work with that child (Appendix 18). Through this it was possible to explore how the social worker's relationship with other professionals and family members impacted on their relationship with the child (mesosystem) and whether factors in the social worker's work environment could support or be barriers to relationship-building (exosystem).

⁸ Permission given to use ecomap anonymously

The timelines drawn by children and timelines and ecomaps drawn by social workers and children were stored in a locked cabinet at the University of Bristol. The ecomaps created by children using the whiteboard were, with their permission, photographed and held on a password protected server at the University of Bristol. Transcriptions and interview recordings were held electronically in separate locations on a password protected server at the University of Bristol.

Data Analysis

There were two sets of data available to be analysed. Firstly, the ecomaps and timelines produced by both the children and the social workers. Secondly, the transcripts from the interviews with children and social workers and managers. NVivo was used as a tool for the analysis of the interview data. The original plan for analysing the data was based on recruiting linked samples of children, social workers and managers. This would have allowed a direct link to be made between the wellbeing of the child, the quality of their relationship with their social worker and the contextual conditions that might be influencing this. Due to the recruitment difficulties outlined above the plan for analysis needed to be changed. Therefore, while the analysis could explore links between the child's perception of the quality of their relationship with their social worker and their wellbeing, it was not possible to suggest how contextual conditions in the social worker's work environment directly influenced this. Similarly, while the analysis could identify contextual conditions influencing the quality of relationships built between social workers and children in care, it was not possible to establish a direct link between these contextual conditions and the wellbeing of children. I could also not contrast children's and social workers' views in the same relationship. This means that while the findings can help understand the social work role with children in care and how this impacts on their wellbeing, as well as how contextual conditions can impact on relationship-formation, any links made between the contextual conditions suggested and the wellbeing of children in care need to be considered as tentative.

Timelines and Ecomaps

I began the analysis with some basic descriptive data about the sample and contextual information gathered from the timelines. The next stage was to provide descriptive analysis of the ecomaps based on number, strength and quality of relationships on each map. I was interested in noting trends, for example, of the number of social worker changes a child had experienced and how this may relate to the perceived strength and quality of their

relationship with their current social worker. While the small number of interviews obviously means no statistical significance can be placed on these findings, they gave important contextual information.

Transcription of Interviews

I transcribed the interviews. As the primary focus of this study was to capture and interpret meaning, rather than on the use of language and structure of the interaction itself, the transcription was limited to word protocols (Flick, 2014; Spencer *et al.*, 2014). Thus, the focus was to transcribe at a level that was relevant to the research question raised and, in enough detail, to ensure the meaning of what was said could be easily interpreted during analysis. I was mindful that using complex transcription protocols can obscure the meaning of what is transcribed (Flick, 2014). So, for example, I noted pauses only if they seemed important to the thinking of the interviewee at the time and could impact on the meaning of the data. I aimed to ensure the transcripts produced were easy to read and analyse, rather than an exact representation of the linguistic detail of the interaction. Identifiable information was anonymised at the transcription stage. Each participant, and any other person named during the interview, was given a pseudonym. However, anonymisation alone is not enough to guarantee the confidentiality of participants (Flick, 2014), so the names of contextual information such as towns and organisations were also changed. In some cases, it was also necessary to be thoughtful about the content of what was said due to a risk this may identify a participant, for example, when talking about a recent change of job role and the impact on caseload. Four interviews were interrupted by third parties during the recording process. When this happened, a note was made of the interruption on the transcription, but no detail given of what was said or who had interrupted. This was in recognition that the person interrupting the interview had not agreed to be a participant or to have their information recorded and used as part of the research project. A sample of transcription is in Appendix 19.

Case Study Analysis

Due to recruitment difficulties the number of interviews completed with children was significantly fewer than anticipated. Consequently, I took a case study approach to analyse data collected with children (Gerring, 2007). Case study research has the advantage of allowing the researcher to “tease out and disentangle a complex set of factors and relationships” (Easton, 2010, p119) and is particularly applicable to research seeking to explore “a contemporary phenomenon in depth and within its real-world context” (Yin, 2014,

p16), which were both important considerations in this study. Each child participant was identified as a single case. The objective of the analysis was, by intensively studying each case, to understand how relationships support wellbeing in the wider population of children in care (Gerring, 2011). Case study research is sometimes critiqued because the small numbers involved mean results cannot be generalised to a wider population. However, I take the view that a single case can question a theory or contribute to theory development (Flyvbjerg, 2006). While a case study approach may not have allowed the breadth of findings I was initially seeking, it did allow an in-depth analysis of the importance of the role of and relationship with the social worker for each individual child. Ultimately the approach was beneficial to the quality of the findings presented and helped maintain the authentic voices of the children who contributed to the research. As I did not have a matched social worker and manager for each child, a 'case' was defined as the account of each individual child.

The analytic technique used was explanation building (Yin, 2014). I started by outlining the context of each case, which was informed by the timeline activity carried out with the child. The social work role in each child's support system was then analysed, using the information gathered from the ecomap exercise. Finally, in each case, an analysis was made of what was important about the relationship each individual child had with their social worker, and how it contributed to their subjective wellbeing. At the final stage of the case study analysis I present a cross-case synthesis of themes found both within and across the three case studies. These themes outline what children say is important about the role of their social worker and the relationship they have with their social worker. The themes included in the final model are based on an argumentative interpretation rather than numeric tallies (Yin, 2014). Therefore, some themes were included even if they were only identified as important in a single case. For example, due to the continued close attachment of one child with their birth family it was important in this case that their social worker helped them maintain contact with their birth family. While this was not shared by the other two children in the sample, the theme was retained because it was likely to be important to other children in care who have close attachments to their birth families. Other themes were identified as important because they were present in multiple cases, for example, all children spoke about the importance of knowing their social worker well.

Thematic Analysis

Thematic analysis was used to analyse data from social worker and manager interviews. Thematic analysis is used to identify and analyse patterns within data, with the aim of interpreting the data in relation to the research questions (Braun and Clarke, 2013). While

thematic analysis is commonly used as a method within qualitative research to analyse data, it is not always explicitly named, and the process of analysis used is often poorly explained, which can make it hard to assess the dependability and confirmability of study findings (Hannes, 2011; Braun and Clarke, 2013). I have attempted to be clear about the process used for analysis in this study, to allow transparency about the role of the researcher in making analytical decisions and the underlying epistemological frameworks that will have influenced assumptions made about the data collected. Thematic analysis is a flexible method that can be combined with a variety of different epistemological positions including critical realism (Braun and Clarke, 2006; Craig and Bigby, 2015; Danermark *et al.*, 2002). The process of analysing the data began with codes generated from the theoretical and conceptual models developed during earlier stages of the study. This is described as ‘theoretical’ thematic analysis, where the researcher’s theoretical interests guide the data analysis, searching for areas of particular areas of interest in the data, as opposed to an inductive approach, where the thematic analysis would be driven by the data itself (Braun and Clarke, 2006).

Codes and Themes

Codes were used to assign meaning to different sections of the data and to classify sections of the data that were similar in some way (Saldana, 2009). The coding process started when transcribing the data, through which I began to familiarise myself with the data gathered and reflect on what in the data was interesting both in relation to the research questions and recurrence across the data set (Spencer *et al.*, 2014). As this research is theoretically driven, I then started mapping the data onto the ecological and wellbeing frameworks. Through this I developed an initial set of codes related to the conceptual model and previous research. For example, one code was ‘social worker time’, which had been identified as impacting on relationships in the literature review. However, as I worked through the data, I also developed new codes which emanated directly from the data. For example, emotional resilience came out from the data as influencing relationship-building.

This analysis stage is abduction, which describes the process through which “we reconceptualise and reinterpret something as something else, understanding it within the frame of a totally different context” (Danermark *et al.*, 2002, p96). It is therefore a form of theoretical re-description, through which theory is used to re-describe the data gathered (Fletcher, 2017). In this study, the ecological approach and wellbeing were used as hypothetical conceptual frameworks to map the empirical evidence gathered, with the

objective of providing a deeper knowledge of what happens in practice (Danermark *et al.*, 2002, p95). However, because critical realism recognises theory is fallible, it involved also considering what the empirical data gathered said about the usefulness of the theories being used to understand the wellbeing of children in care, with a view to developing these (Fletcher, 2017; Danermark *et al.*, 2002). Reference to the research questions was important to ensure that I gathered information from the data about social worker role and the relationship between children in care and their social worker, as well as others in the microsystem.

Once all the interviews had been coded, I began to develop themes, by reviewing the codes to identify which could be combined into broader themes to aid analysis (Braun and Clarke, 2006). The first stage was to identify candidate themes that had the potential to be significant in relation to the research questions. For example, I developed a number of codes that related to what social workers described as barriers to relationship-building, which included 'assessments', 'general paperwork', 'resource panels', 'placement applications', 'CLA review reports', 'PEP reports'. These codes were combined in the candidate theme of 'paperwork', because they seemed to represent how the amount of time spent completing paperwork was impacting on the amount of time social workers could spend with a child.

The process of interpreting the data was aided by using thematic mapping, which is a visual aid to help map the codes into themes (Braun and Clarke, 2006). For example, I initially identified 35 codes describing the role of social workers. By reviewing these I reduced them to 10 candidate themes that had the potential to be significant in relation to the research question. Because most of the social workers talked about aspects of their role conflicting with each other, I decided to place these candidate themes onto a map to visually represent the conflicts they discussed. By doing this, it was possible to reflect further on the usefulness of the candidate themes. For example, there appeared to be a conflict between making decisions *about* children and making decisions *with* children. Three of the candidate themes were the social worker roles as 'decision maker', 'parent', and 'assessor', which all seemed to represent social workers making decisions about children, so they were combined into the 'decision-maker role'.

Interpretation

This mapping was used when I then moved on to define and refine the candidate themes by comparing the different structures identified through abduction and potential mechanisms identified through retroduction. These candidate themes were then reviewed and refined using retroduction, which is the process of asking the question “What makes X possible?” (Danermark *et al.*, 2002, p97). So, I was asking the question “what makes building good relationships possible?”, and then seeking to identify potential contextual conditions acting on this and translating that into the themes identified. Finally the analysis evaluated which contextual conditions and mechanisms seemed to have most explanatory power and therefore were most helpful to address the research questions. This led to the development of thematic maps, which are presented in the discussion chapters, which were checked against the data to ensure each theme was an accurate representation of both the data it contained and the overall dataset (Braun and Clarke, 2006). The maps presented in Chapter 9 represent this process. Having identified that the relationship between the child and social worker was the mechanism through which the social work role was enacted, it was possible to identify those contextual conditions that appeared to impact on each aspect of the relationship identified as important for a child. For example, the themes of 'statutory visiting timescales', 'caseloads', 'austerity', 'distance and place', 'paperwork' and 'prioritising' seemed to have most influence on how much time a social worker had available to spend with children.

Conclusion

The two discussion chapters combine the results from both the case study and thematic analysis. Through the analysis it was possible to identify what supports or is a barrier (contextual condition) to social workers building good quality relationships with children in care (mechanism), which result in children in long-term care having higher levels of subjective wellbeing (empirical trend) (Fletcher, 2017). The conclusion summarises the research findings and makes recommendations for policy and practice. Having described the methods used to gather and analyse the data the next three chapters will outline the research findings.

5: CHILDREN'S VIEWS OF THEIR RELATIONSHIPS WITH SOCIAL WORKERS

Introduction

This chapter outlines the views of the three child participants about their relationship with their social worker. To ensure the children are not identifiable, their names and some other personal details, such as their ages, have been changed. Each case study begins with a description of the background of the case, which was compiled in the interview using the timeline and explores significant changes from the perspective of the children. The next section outlines how children describe the social work role in relation to others in their support networks, which was completed using the ecomap. The third section explores how children's relationships with social workers help them to do well in care. Finally, there is a cross-case analysis of the key themes identified.

Case Study 1: Nicola

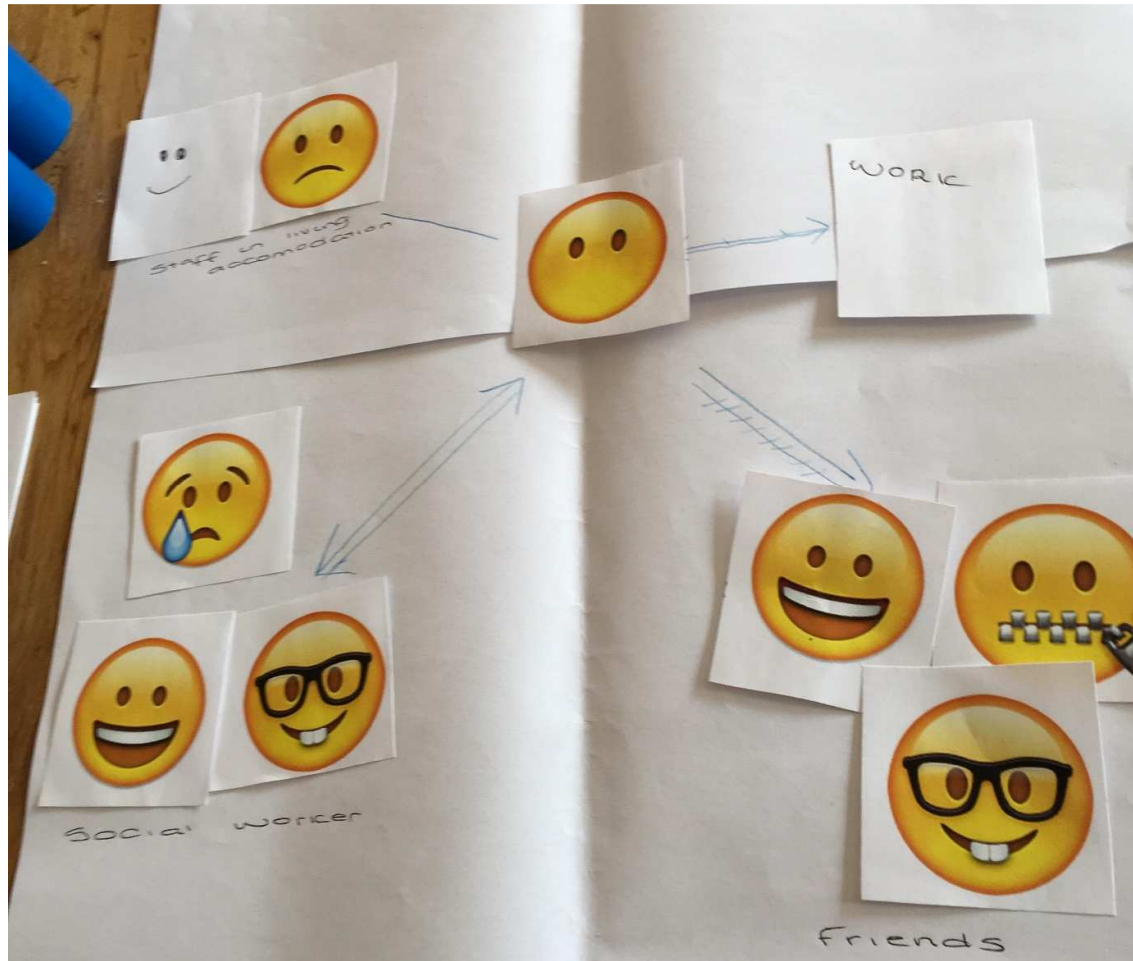
Nicola is a 17-year-old female living in supported accommodation. She has been in care for about three years. She initially stayed with friends, then moved to an emergency placement for about a week before moving to her long-term foster carers. Nicola stayed with these carers for approximately one-and-a-half years but described being unhappy there because of a "bad atmosphere". Nicola said she started going missing from the placement because she was unhappy, resulting in it breaking down a couple of months ago. Nicola moved to a respite carer and then to supported living accommodation. Nicola came into care during her GCSE year. She then went to college but left after a year because she did not enjoy it. She is now working in a care home on an apprenticeship scheme. Nicola has had five social workers since she came into care and said it was not worth bothering making a relationship with them because they kept changing. She spoke negatively about her four previous social workers who she said did not listen, see her regularly enough, keep their promises or care about her. Despite this, she describes a good relationship with her current social worker, who has been working with her for about nine-months. Nicola described how her previous experiences of changes in placement, school and social worker have impacted on relationships in the present:

That's given me a main perspective of life. Yeah. OK so you'll come and go. So, I'll try and keep it to bare minimum with relationships with people just 'cause I know they're just going to go.

Support Network

Nicola identified four main systems in her support network; work, friends, social worker and staff in her supported living accommodation. While she chose not to place them on the map, she also spoke about her birth family (Figure 6):

Figure 6: Ecomap of Nicola's Support Network



Work

Nicola identified work as the first aspect of her support network because she perceives she spends most time there. She described relationships at work as strong, although they could be stressful at times. Because she works as a care worker, she perceives she gives a lot more support in these relationships than she gets in return. However, because work distracts her from her own problems, it also helps her:

Well obviously, when you walk in, it doesn't matter what's going on outside work, you don't take it with you. You go in and it's about the old people and their care and their needs. It's not about you, and it just distracts you.

Friends

Nicola chose three emojis for her friends who made her happy, she could have a laugh with and to represent her reluctance to talk to them about her problems. She described having a range of friends from different settings, although she chooses to limit the number of friends she has:

I don't have a wide circle of people. And that's by choice because like, people come and go, and you learn that by being in care. Because nobody stays in your life for long. I mean parents, social workers, IRO officers, family, no one stays for long.

She described relationships with her friends as strong, however, she also finds them stressful at times:

Because I'm like the mother of the group because I am the oldest. So, when something goes wrong, they ring me. It's like, I have a life too, I've got work, I can't come at like 4 in the morning to come and save you and help you throw-up.

She perceives herself as a parental figure in relation to her peer group because of her age and providing them with support. While she provides her friends with support, she rarely seeks support in return:

I don't allow them to. They're my problems, I don't like talking about them with anyone else, I never have.

Her reluctance seems to be due to a perception her friends would find it hard to understand the complexity of her situation and emotions:

Well my best friend, she can't deal with any other emotions besides happy and sad. If you feel anything else then it's weird, for her. So, I don't, as much I would love to speak to her, and I do about some things, just everything would override her mind and her emotions, so I'd have to be dealing with her problems rather than mine.

Supported Living Accommodation

Nicola described a weak relationship with staff in her supported living accommodation:

I guess living here is quite a big part, but I wouldn't say I'm happy here because I haven't got any, like, because I'm hardly here anyway. Because I'm working or I'm out.

However, when asked, she did identify that she could access support from staff if she needed it, although this was dependent on who was working:

I do get support from the staff if I need it and I speak to them when I want. It just depends who's there. And I will come down and I'll have a chat. Like if Jerry or John are there. If anyone else is there I'll be like OK, bye.

She then assigned two emojis to represent staff at the unit, one happy and one sad, linked to how well she felt she knew the different staff members. Nicola also spoke about her relationships with other young people living there:

They actually call me the agony aunt of this place, because I know everyone's problems. I'm the mum of the group, like. I'll go out of my way to help others...

So here, in a similar way as with her friends, Nicola views herself as a parental figure in relation to her peers, seeming to value being in a position of helping others.

Birth Family

Nicola did not place any birth family members on the map, however, she spoke about her sister later in the interview when discussing who in her support network would stick by her:

Well, depending on the situation. My older sister has, and Sharon (social worker) has, she's believed everything.

While her sister is important to her, she indicated their relationship is weak:

My older sister, I barely talk to her, but she's there when I need her. But she's got, she's got [indecipherable] in her life. That's her choice, I'm just going to let that be. Love her to pieces, but we do, like, she lives in [county], so it's quite far.

The physical distance between her and her sister then was a barrier to their relationship. Similarly, she said her birth father lives at a distance, which contributed to her decision not to place him on the ecomap:

Like that's why I didn't put my Dad down, he lives in [county] as well. And I've only recently came back, like talking to him, since I was 3.

So, they're there, but they're a bit weaker? (Researcher)

Yeah, they're there, but they'd be like over there [pointing to other side of room].

Additionally, she had only met her birth father and sister since coming into care, so these relationships were relatively new.

Other members of her birth family were identified but she has no contact with them. For example, she talked about having other siblings and how she would like to have a relationship with them but was unable to:

I guess, like I have a lot of siblings, but they're not a massive part of my life. Like, younger siblings, that's not my fault, if I could have relationships with them I would.

Nicola did not place her birth mother on the map. She spoke about her negatively and indicated she had no contact with her and did not wish to have a relationship with her.

Social worker

Nicola described a positive and supportive relationship with her social worker. She chose three emojis to signify how she had helped change her emotional state for the better and she could have a laugh with her. Nicola described her relationship with Sharon as being like a parent:

It's like she's a Mum figure to me, the Mum I never had, because my Mum don't give a fuck about anyone but herself.

Because Nicola's support system does not include either a birth parent or a stable long-term carer, she seems to have placed her social worker in a parental role. This role included providing emotional support:

...and I have been through an emotional rollercoaster with her, because of events that have happened. Not because of her, but she has supported me through that, like a parent should have.

So, this parental aspect of the social worker role seems to include having someone who sticks by her, having the same commitment to her she would expect from a parent. She also identifies that the social worker needs to give something of their personal life to the relationship:

I know her, I wouldn't say I know her personal life loads, because you're not supposed to know that, but I do know her enough to sit and have like full on conversations and tell her everything. Like you would with your Mum.

Nicola also described her relationship with her social worker as 'like a friend':

It is like she is one of my friends, which is I think quite good.

Describing her social worker as 'like a friend' appears to link to the interpersonal skills she has used to build up a relationship. For example, it was important to Nicola to have fun with her social worker:

And you have like jokes, I have like jokes with her anyway.

Being able to have fun and laugh with her social worker seemed to be important because it made her feel better:

She's a bundle of joy. She's great, because even if you're going through bad times, she'll still try to make you happy

Important Aspects of the Social Work Role and Relationship

Reviewing Nicola's case study, six aspects of her relationship with her social worker were important to her; 'gets stuff done', 'has time for me', 'knows me', 'understands me', 'cares about me', and 'stays as my social worker'. 'Gets stuff done' referred to social workers completing tasks they had agreed to undertake. Nicola gave some examples of when previous social workers had not kept their promises, and the impact this has had on her:

Like I think if I still had crappy social workers... My passport, I applied for it in April last year, didn't get it until December. And Sharon came into play like sort of at the end of that and she managed to sort it. Because everyone else was like it doesn't matter, and I was getting letters through like we're going to cancel your application...

Getting the passport mattered to her, and because she perceived it did not matter to the social worker, appears to give her the message she also does not matter. Nicola describes feeling stressed when things are not done:

I wouldn't say it was stressful for me with her, I only get stressed if stuff's not done, and she's on the ball about everything.

This was identified as a key difference in her relationship with her current social worker:

She's just been great from the start, she's got stuff sorted, she's done the best by me as much as she can.

For Nicola, by completing tasks as promised, the social worker is demonstrating commitment. So, by 'getting stuff done' the social worker seems to be reducing stress and building trust in the relationship.

It was also important to Nicola that her social worker takes time to get to know her:

She's just been there. She's took the time with me to sit down and actually have a chat, and not just come 'round when there's a booked-in meeting.

Nicola seems to be seeking more time with her social worker than minimum statutory requirements. For example, she talks about seeing her social worker three or four times a month:

If she's in on Wednesday, then I'll see her every Wednesday. But an arranged meeting, maybe like three or four times a month. But it's more than that because I'll go in and I'll see her, and I'll have a chat with her, catch-up about stuff. I saw her yesterday.

So, Nicola has some control over how often she sees her social worker and feels confident enough to turn-up for an informal 'catch-up' at the office.

Being able to spend time together meant Nicola felt her social worker knew her well:

Oh, she knows me really well. Yeah, she knows me quite well. She knows a lot about me, and that's just not from social services have given her information, it's what I've actually told her that other people don't know. And it's not like anything safeguarding problems, it's just she does know quite a bit about what's going on in my life.

Nicola feels she is genuinely interested in her, which seems to help reinforce that she is important to her. Having a reciprocal relationship seems to support Nicola to feel able to talk to her social worker openly. While Nicola wants a reciprocal relationship, she also understands there need to be professional boundaries:

We have had a few chats about quite a lot of stuff, but obviously as she is a social worker, she can't disclose a load of that stuff.... So, we do have chats about stuff, but there is to a certain extent a limit to which she can speak to me, if it's not about my problems

Therefore, Nicola seems aware it would not be appropriate for the social worker to share their personal problems with her. Thus, while knowing each other is an important part of the relationship, Nicola recognises there is a limit to which the relationship can be reciprocal.

Knowing each other well is significant to Nicola because she feels she has been judged in the past just because she is 'in care':

Kids who go into care have this stereotype of the police is always involved. That means they've got to be on drugs and drinking and do bad at school and not focus. I decided that I wasn't going to be that. It didn't matter what I was going through, you do come out brighter than you were before. Just don't let your past control your future. It didn't matter what I was going through, I always put school, priority, college, priority, work, priority. Like don't be the stereotype people think you are.

So, rather than judge her based on her past or on stereotypes, Nicola thinks by getting to know her well her social worker can understand her individual needs and aspirations.

Because her social worker knows her well, Nicola feels understood and included in decisions being made:

And I'm involved, I'm not just sat there listening to other people talk about me, and... Since she came into play, before that it just was a lot of meetings where I listened to everyone else talk about me like I wasn't there. She actually involved me and listened to what I have to say and got stuff done. Which I think is amazing, she's got more done in the few months she's been, than the whole time I've been in care with all the social workers.

For Nicola, it is important to feel involved, so her needs are met, rather than decisions being made based on what other people think. Nicola explained the importance of feeling understood in the context of her relationship with previous social workers:

I think because Sharon did initially come from like doing, working with children with mental health and everything, she understood where I was coming from and she understood I was not OK all the time, and I did have problems. And she didn't just jump to you're a bad kid just because you're in care. She actually just had time to sit down and listen to me. Unlike the other ones who just had no time

This suggests a social worker's previous experience and training can be important to understanding a child, but this needs to be in combination with the worker taking time to get to know the child so they can understand what they need.

Finally, Nicola described the relationship as good because she felt her social worker cared about her:

And not just because it's her job, like she genuinely cares.

So, to build a good relationship, it seems the social worker needs to fulfil the practical aspects of their role and demonstrate to the young person they care about them. The following extract clearly demonstrates the importance to this young person of feeling cared about:

Sometimes it does go home with her, some of my problems, and she does worry, but, like, you can tell she cares. Which is good. And not just because it's her job, like she genuinely cares. When she realised how bad our relationship and atmosphere was in my foster place it got her really upset. And you could tell she wanted to cry because of how long it took them to realise, and how much I had to go through to make them realise. And she just apologised to me, it's not your fault, it's not anybody's fault. It's all right. But, yeah, just because her job title says she's my social worker, it's way more than that.

In this extract she describes how the social worker had an emotional and human reaction to something that was going on in her life. This reaction proved to Nicola that her concern for her wellbeing went beyond just being her job. Because she feels her social worker cares about her, she seems to also be willing to invest in the relationship.

Nicola wanted social work managers to know the number of changes in social workers had had the biggest negative impact on her during her time in care:

Like I know that some people can't help moving, but not having 6, 7 social workers. Like 19 months to have five social workers, it's a lot. I'm sorry but 2 would have been all right, 3 maybe, but 5? It's just too much, it's just a lot of change. You're letting the kids in care down.

She identified the stable relationship with her current social worker as helping her to do well:

I think if I had still had switches in social workers I wouldn't be as good off as I am now. She is one of the reasons I am still here. And that plays a big part in my life,

well she does anyway. I don't want her to not be my social worker any more. Like, because obviously I've got to move on. Switches in social worker are quite shit because you don't know where you're going, who you've got to speak to and when.

Nicola is due to transfer to a leaving care worker soon because she will be 18-years-old, and she expressed anxiety about this change during the interview. Despite transferring to a new worker, she plans to keep in contact with her current social worker:

Because even after Sharon won't be my social worker, she's said that I can still message her and ring her and go in and have a chat with her.

Nicola perceives that social worker changes have a negative impact on children in care, and on their ability to build trusting relationships:

Like, oh you're going to have this person in a few weeks, they're going to stay for a month or so and then you're going to have someone else. So, you're like, OK, I'm not even going to bother making a relationship with you, because you'll come, and you'll go. That's given me a main perspective of life. Yeah, OK so you'll come and go. So, I'll try and keep it to bare minimum with relationships with people just 'cause I know they're just going to go.

For Nicola, having a stable relationship with a social worker was the most important part of her support network while in care. Without this, she queried whether children should be in care at all:

'Cause you're trying to go we're giving you a better life, but then you're just upping and leaving like before, so, it makes you question whether you'd be better off not being in care

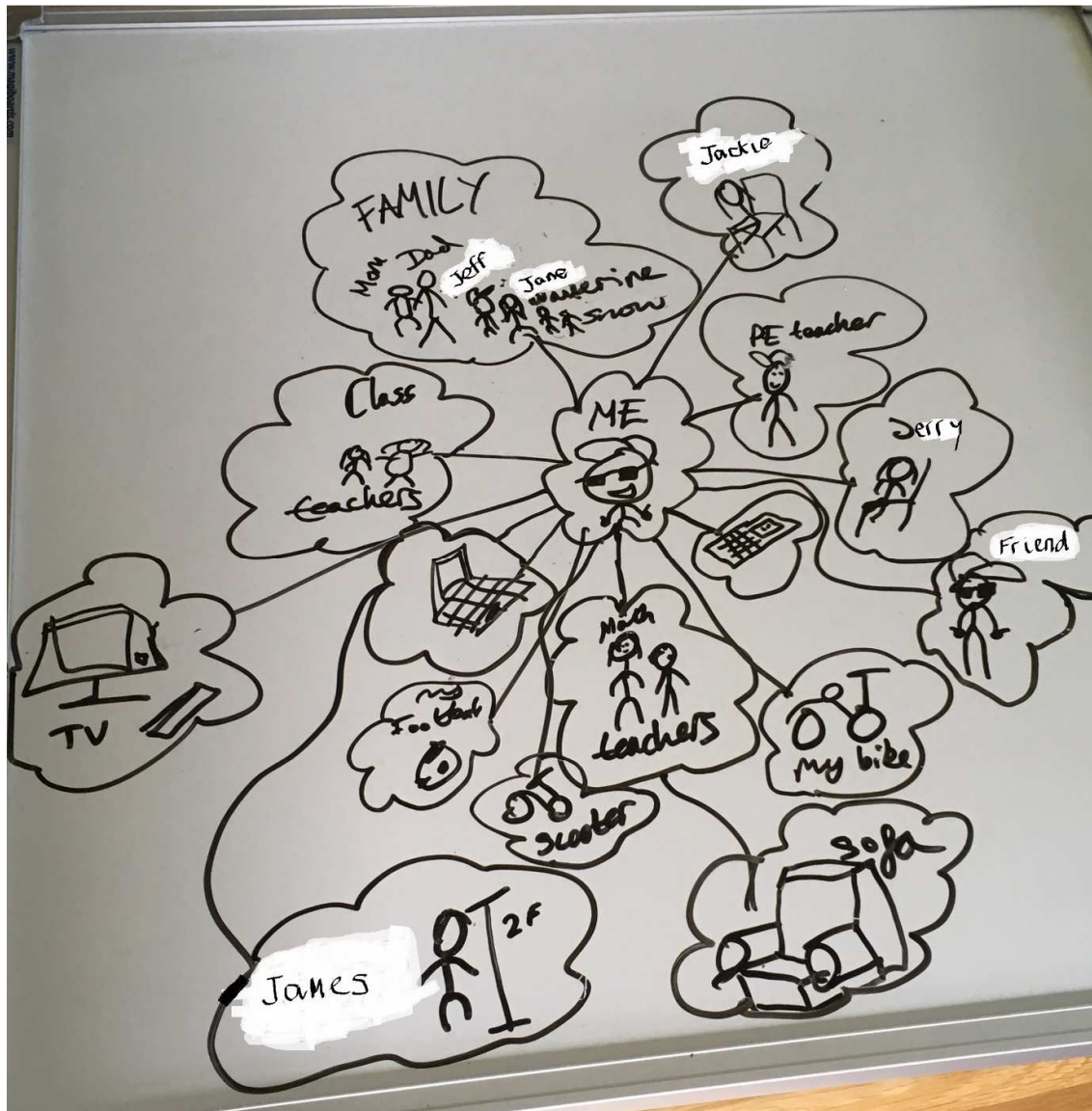
Case Study 2: Jack

Jack is a 10-year-old male currently living in foster care. He came into care about five years ago. He has four siblings, two older and two younger, the youngest was not born when the sibling group first came into care. Jack has had six placements since coming into care. When Jack came into care initially, he was placed with his two older siblings, and his younger sibling was placed elsewhere. Then all the siblings moved to live together in a placement. During this time their care plans were changed, with a plan for long-term fostering for the two older siblings and adoption for Jack and his younger sibling. His two older siblings moved out when a long-term placement was identified for them. Jack describes being unhappy in the placement and feeling lonely without his older siblings. He and his younger sibling then moved to new carers, which was a positive move for him, and he described still seeing these carers regularly. No adoption placement was found for Jack and his younger sibling together, and when another sibling was born the care plan changed to long-term fostering for Jack and adoption for his two younger siblings. An adoption placement was eventually found for the 2 younger siblings, Jack describes losing his two younger siblings to adoption as a significant loss. Jack stayed alone in the placement until eventually a long-term foster placement was found for him. This first long-term placement lasted for two years, but broke down a couple of months ago, and Jack moved to his current placement. It is hoped this placement will be long-term. Jack had to change school when he moved to his current foster carers. Jack has had three social workers since coming into care. He said one of his previous social workers had not seen him very much. He has been working with his current social worker for about 18 months and describes having a good relationship with her.

Support Network

At the request of Jack, I spoke to him with his social worker present and his foster carer 'hovering' in the area. Jack chose to draw each item on the map himself, rather than using the emoji's provided. Jack identified five main systems in his support network that help him to do well in care; his school, foster placement, friend, birth family and social worker (Figure 7):

Figure 7: Ecomap of Jack's Support Network



Objects

In addition to people, Jack chose to place several objects on the map. Young children in a previous study also used objects on ecomaps to either represent individuals or describe the type of support people provide them with (Baumgartner *et al.*, 2012). Jack was generally using objects in a more practical way, for example, the calculator and laptop computer were used to describe what helped him to do well at school:

*A calculator. They help me... It helps me to do Maths.
That's a laptop, it helps me with homework.*

He seemed primarily to be using objects to test out whether it was safe to talk about a subject before going into more detail about his relationships with people. Therefore, objects seemed safer for him to discuss than relationships.

However, his description of some objects suggested they may hold more significance. For example, he spoke about his football as an object that would always notice how he was feeling:

My football would.

How would your football notice? (Researcher)

Look [points], see, he's always watching... he's always watching...

The football was mentioned at several points in the interview and playing football seemed to be his preferred way to engage with people. For example, it was important to him that his social worker was willing to play football with him:

Because as we do things, football and stuff, we still learn about this [points at timeline], and we do things and we talk as we do it and stuff.

Hence, engaging in a game, such as football, seems to help him talk more openly. Similarly, his relationship with his brother was easier for him when they actively engaged in activities, such as football together, rather than talking on the phone or over skype:

But it's not the same as seeing him in person.

I know it's not the same. (Social Worker)

Then we can play, and we can do things. Rather than on the laptop when we're not doing much, we're just talking.

Therefore, it seems likely he was not only talking about his football as an object, but also how engaging in playing with this object helps him to engage in relationships with others.

School

Jack began the map by talking about school. He first identified objects, including his calculator that helped him with maths and his laptop to do homework. With some prompting, he then discussed his relationship with some teachers at school. For example, he said he has a good relationship with his PE teacher:

He's sometimes funny, but he can get angry sometimes, but he's good. He teaches football. You get fit and stuff.

So, he was able to identify that he had a good relationship with this teacher, even if stressful at times and that it helped him to keep fit. He then began to draw other teachers, the most important to him being his Maths and Arts teachers, but as he was busy drawing, he chose not to engage in further discussion about the significance of these relationships.

Friend

Jack talked about his best friend, Stuart.:

Because he's basically the same size, he's not that much shorter. And he likes the same things, and we do most of the same things.

Size was very important to Jack throughout the interview: when drawing all the pictures he wanted to get the size of people right. He described the relationship as strong, because of their shared height and interests. This friendship has also been significant to him in choosing where to go to school next:

He's going to [school name]. I was like, I must go to [school]. Because he's my best friend.

Therefore, it was important to him to maintain this part of his support network through his transition to secondary school.

Birth Family

Jack described a very strong relationship with his birth family:

Who are the most important people for you on your map do you think? (Researcher)
My family.
And why are they the most important people.
Because they're my family.

It was obvious to him that his birth family should be considered the most important part of his support network and I subsequently apologised for asking him to explain this. Jack described seeing his birth parents every six weeks. He described having a strong relationship because he could have fun with them, talk to them if he was worried and they encouraged him to take part in hobbies and activities:

My family definitely because my Dad gave me his old electric guitar.
Can you play it? (Researcher)
Yeah. I do guitar practice. I go to guitar lessons.

Jack's birth parents therefore are an ongoing and positive part of his support network.

Jack no longer has contact with his two youngest siblings who were placed for adoption. Despite knowing that they have been adopted, he still placed them as an integral part of his birth family on the map. While he included them on the map as important in terms of their significance to him as part of his birth family, he was able to recognise that the relationship was weak:

I don't actually know Jim and Jeremy well, because the last time I saw Jim he was 3 and now he's 7. And the last time I saw Jeremy he was like nearly 2 and now he's like, he's already in school.

The loss of his siblings to adoption seems to be a significant loss for Jack.

Jack was very clear about the importance of his relationship with his older siblings:

That's because they're really close, the same age as like me, so we really do get on well.

However, while these relationships were very important to him, he also identified they can be stressful at times. For example, he said he needed to act older when he is with his brother:

Me and Jeff are 3 years apart, but when I act like I'm the same age as him we really do get on well.

He also recognised that his sister did not always want to see him as much as he wanted to see her:

Yeah, because Jane's not really bothered. She like seeing me when I come over the house but otherwise, she's not really bothered.

Here he also suggests contact arrangements should be casual, for example, staying overnight with her foster carers. He returned to this later in the interview when discussing contact with his brother:

I want him to come over my house a bit more often, and me to go over their house a bit more often

Contact being arranged between carers seemed preferable to Jack over arranged or supervised contact.

Despite the stress identified in the relationship, when he was asked what managers needed to know about children in care, he thought they should know that he wanted to see his siblings more. When he discussed this in more detail it seemed to be linked to a fear that contact with his older siblings may stop completely:

Because with Mary and Mark it was me and Jeff living with Mary and Mark and we didn't see Jane until we were with Miles. I didn't see Jane or Jeff at all, all that way [indecipherable while pointing at timeline] I didn't see them at all. And a little bit with Wendy, Wendy tried to find a way so we could see each other.

Are you worried there might be a time when you stop seeing each other? (Social Worker)

Because the only time we saw each other then was with Mum and Dad. They were the only times.

This apparent fear that he may lose this contact seems reasonable considering the loss of his younger siblings to adoption and previous experience of contact being stopped.

Foster Carer.

Rather than describing his relationship with his foster carer, he instead drew her into the interview by asking her to tell a story about a cycling trip. Through this he demonstrated their relationship by giving an example of their shared experience. While he did not describe the relationship, there was a conversation between Jack and his carer during the interview that demonstrated his foster carer is an important source of reassurance:

Are you getting on fine enough for me to go and deliver the money now? (Foster Carer)

Yeah...

Or do you still want me to hover? I don't mind.

You can hover. You can do other stuff.

But you'd still like me to stay around?

You could take the money because it won't take that long will it?

Therefore, he feels safe with his foster carer, as well as a level of trust there that she will keep her promises and support him. Despite this, there was some evidence during the interview that he is still testing out whether he can trust the relationship will continue no matter what happens:

Jackie might run away if I was really, really, really, really, really, really, really, really, really, really, really, really, really, really, really, really, really, really, really dangerous.

This anxiety may not be surprising considering the number of placement changes he has experienced.

Social Worker

Jack described a positive relationship with his social worker. He chose to draw a picture of her sitting in a chair:

You're sitting on a chair because you're relaxing. The other teachers don't get to relax they have to run around, and the PE teacher runs around.

He described her role in terms of a teacher a few times over the course of the interview. This seemed to be because he saw it as part of her job to help him learn about his family history. Therefore, 'like a teacher' seemed to represent her role in terms of tasks she was carrying out that help him to do well.

He also described his relationship with his social worker as 'like a friend'. Despite drawing a picture of his social worker sitting down, what he seemed to value about the relationship most was her willingness to engage in physical activities with him:

I know her a lot. We do lots of things, like go to the park and play football and make dolls and stuff, and have ice creams and stuff, and play and stuff, and play football and play catch and stuff.

His positivity about their relationship seemed to be based around the time that she had given him and the fact they had shared activities together. Through spending time together and having fun together they knew each other well, and this made the relationship feel more natural and made it easier for him to engage in it.

Myself

Jack also chose to place himself on his ecomap as part of helping to do well in care:

I help myself.

You help yourself? How would you help yourself? (Researcher)

By learning to eat food.

Oh, that's a good thing to do.

Yeah, and by doing what I'm doing exactly right now, writing things down, it helps me remember stuff. Except it doesn't always, because I always forget where I put the stuff that I wrote down...

Therefore, he identifies it is not only the support network that is important, but also his own willingness to want to engage in this support.

Important Aspects of the Social Work Role and Relationship

Jack's social worker was present throughout the interview, which potentially influenced his answers. However, he did challenge her twice during the interview suggesting he felt comfortable enough in the relationship to be honest. I identified four themes that seemed most important to Jack in his relationship with his social worker; 'knows me', 'helps me stay in touch with people important to me', 'helps me learn about my past' and 'makes me happy'.

Jack talked frequently about how important it was to have fun with his social worker. He thought this helped him to get to know her:

I know her a lot. We do lots of things, like go to the park and play football and make dolls and stuff, and have ice creams and stuff, and play and stuff, and play football and play catch and stuff.

And is it important that you do all those things together? (Researcher)

Yes

Why is that important?

Because it's fun.

When asked why it was important to have fun with his social worker, he identified two main reasons:

So that one, you know more about them and two, you actually like them instead of hating them.

For Jack it was not only important that his social worker knew him, but also that he knew her. Therefore, the relationship needed to be reciprocal; to invest in the relationship Jack needs to know the person well enough so he can be sure he likes them. Jack explained knowing each other well means you can work together better:

...because you know how fun they are. Because if we didn't do anything, I would hate my social worker, even if they were a really good person, because if they don't do anything with me it just gets boring doing nothing. Because as we do things, football and stuff, we still learn about this, and we do things, and we talk as we do it and stuff.

Jack identified having fun with his social worker helps him do well because it helps him to learn. He is currently doing life-story work with his social worker:

Life-story work that tells me about why I'm in care, but we haven't got to all of it yet because we're still going.

Jack wants to understand more about his life history and why he is in care and saw this as part of his social worker's role. So, Jack seems aware that having fun is not the only aim of his relationship with his social worker. However, having fun seems to make it easier for him to engage in direct work. It was also important to Jack that his social worker came to visits ready to engage in fun activities. For example, the only thing he wanted her to change was to remember to wear the right shoes when she came to see him:

No... except... don't wear the wrong shoes when you play football.

I knew that was coming! He's got a point. (Social Worker)

You know, your weird sandal things.

They were little slip-ons. They were not appropriate, no, no I won't wear them again.

So, to know if she's coming to see you to wear the right shoes. (Researcher)

Trainers. Wear trainers when you see me.

OK, I'll keep some in the car.

To be prepared for the visit by keeping these shoes in the car seemed to demonstrate she cared about him and would keep him in mind between visits.

Jack wanted social work managers to know that he wanted more contact with his siblings. While in the interview he did address his concerns about contact to his social worker, rather to the social worker's manager, he seemed to recognise arranging contact was part of his social worker's role. It was an area he was unhappy with, however, so it is possible that it

was easier to express his worry about not seeing his siblings often enough via a hypothetical manager, rather than directly with his social worker:

Why don't we see Jane and Jeff more often?

Is that what you want to know? (Social Worker)

Because you always said we could meet and now it's not enough.

There's lots of reasons for that. One of them is because you're so super busy you've got lots to do. And then another one is because you know we separated the contact so you that guys could spend quality time with each other. So, because we did that you get monthly, so you get really specific contact. So, you and Jane get to have your lunch dates, and then you also get to have fun at Patricia and Mile's...

But I want more time...

And then Jeff comes here

But why can't we have more time?

Well we're going to constantly review it aren't we? So, me and Jackie and Julia made that plan to see how it goes. And then if you guys are all saying you want it to be changed a little bit...

Jeff wants it to be more time.

Is he? So, I'm going to see him next week so I can talk to him about it as well.

Because I know that Jane isn't really fussed about it at the moment is, she...

But me and Jeff really want to meet more.

Well that's OK. If that what you're saying...

Throughout the extract the social worker is trying to explain why the contact has been set up as it is, and Jack appears to be ignoring what she is saying, instead repeating his request over and over, as though he feels he is not being heard. Through this it can be assumed staying in touch with his birth family is an important concern for him, and perhaps an area where he does not feel listened to.

Finally, Jack thought his social workers' main job was to 'make him happy'. He seemed to link this to the power his social worker had to make decisions about his life, for example, where he lives and who he has contact with. He described not having much say in previous decisions about his care. For example, when we talked about whether he had any say in the moving to his current carer he said:

That wasn't a decision. That just happened.

Oh, I see. (Researcher)

We didn't decide that.

From his perspective then his social worker had chosen a placement for him, rather than him feeling that he had any part in that decision-making process. This could potentially be linked to his age. While older young people have spoken about their social worker helping them to make decisions about their care, he instead spoke about his social workers' role being to make him happy.

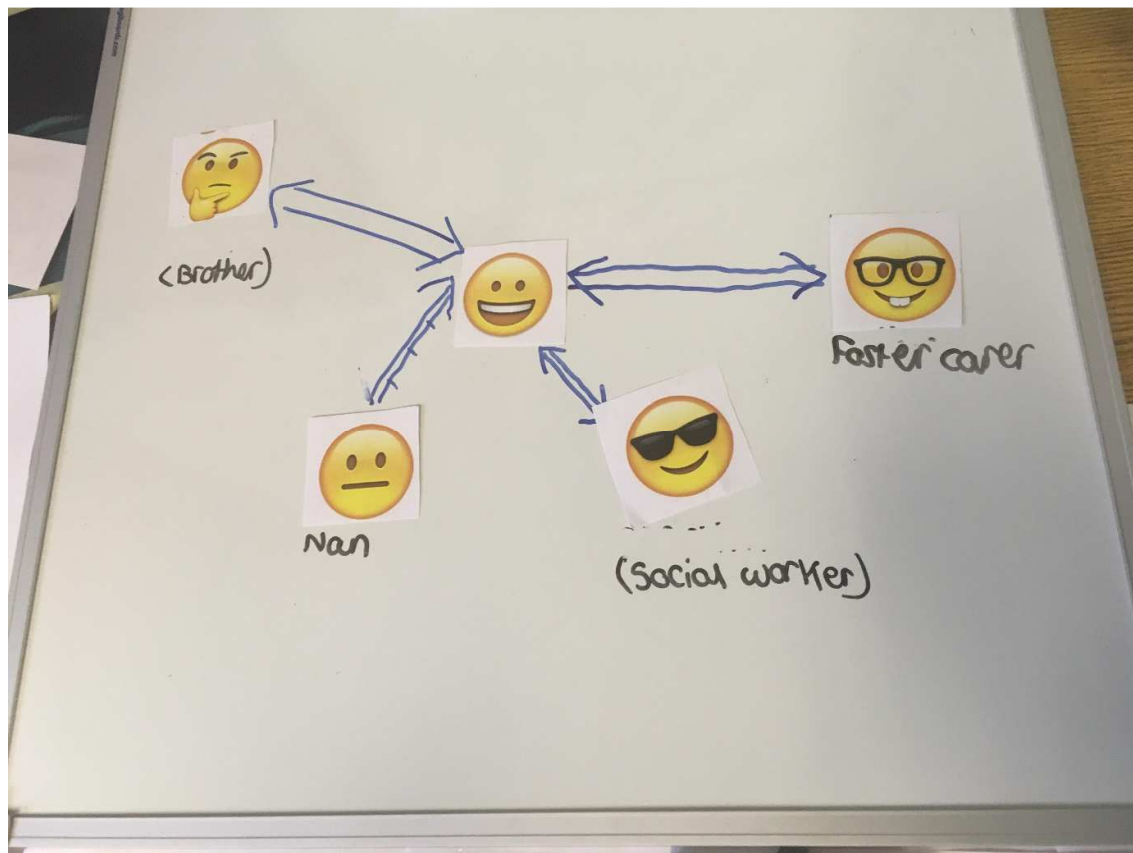
Case Study 3: Kiana

Kiana is an 18-year-old female who is living with her foster carer under a 'Staying Put' arrangement. She came into care when she was about five years old, and after a short period in a foster placement, moved with her two siblings to live in a kinship foster care placement with her Nan. This placement broke down when she was about 12-years-old because her Nan was struggling to cope, and she moved with her brother into what she described as "actual foster care". She was unhappy in her first 'proper' placement in care, describing it as an "independent living" placement where she and her brother were expected to look after themselves. She reports living on pot noodles and toast which meant she lost a lot of weight and going "off the rails" because there were no rules. During this time, she was excluded from school, and moved to a new school where she was unhappy because it was "really posh". She and her brother moved to their current foster placement three years ago. This move was initiated by her current carer, who was the grandmother of her brother's girlfriend and offered to be assessed as a carer because she was concerned for their welfare. Kiana reports having a lot of social workers during her first two years in care. She has good memories of her first social worker who retired shortly after she came into care but spoke negatively about others who she felt did not get to know them well, for example calling her and her siblings by the wrong names. She had the same social worker from about the age of 7 until she was 18-years-old and moved to the leaving care team. Her social worker has now retired but they remain in regular contact. Kiana is now at college and hopes to go on to university next year to study to become a social worker.

Support Network

Kiana identified four main systems in her support network, her social worker, Nan, brother and foster carer. While she chose not to place them on the map, she also spoke about her leaving care worker and other birth family members (Figure 8):

Figure 8: Ecomap of Kiana's support network



Nan

Kiana chose a straight-faced emoji to represent her Nan who she described as a “very serious lady”. She said their relationship has both positive and negative aspects:

I was kind of scared of her all the time because she used to tell me off sometimes, but then she used to take me out all the time and we'd go for coffee in her club and whatnot. And I know that I was her favourite, she makes it very obvious.

The perceived favouritism was firstly, because they share common interests:

Because she was quite creative and arty and so was I growing up. I liked to dance and draw and all the kind of things that my Nan was into and I obviously paint, that's why I'm here [college].

Secondly, because in comparison to her siblings, she felt she had been easier for her Nan to manage:

So, I was kind of her favourite, a little bit, because my sister was very difficult, and my brother was a little bit difficult in his teenage years and I was kind of like the good one. I hate to say it out loud, but I was a 'goody two-shoes'.

Her Nan had not raised her own children, so taking on Kiana and her siblings was her first experience of parenting. Because of this, she describes her as strict, old fashioned and having a short temper. Despite these aspects causing stress in their relationship, Kiana would not change her:

...because my Nan has helped me to be who I am as well. I think her sternness taught me good values and roles and whatnot, so I'd not change that, not really.

This was the only relationship on the map that Kiana described as being one way in terms of the direction of interest:

Yeah, she helped me massively. Because I was just chavvy and horrible when I was 7 and I came to her. She taught me like all the simple stuff I didn't know because I was neglected so badly. Like cutting up your own food, how to wash your own hair and everything. And it is little things like that that really change how you end up really, I think. So yeah, she definitely helped me, but I don't think I helped her very much, sorry Nan [laughs].

She describes her Nan providing her with basic parenting, which was significant in the context of her background of neglect. It is interesting that the only relationship she described as not being reciprocal was also the only relationship she described as stressful.

Brother

Kiana chose a thinking emoji to represent her brother:

Because he's really clever, and that one's thinking. And he's very like... he's kind of a bit of a douche-bag because he's so clever. But we don't mind that because we love him [laughs].

She describes their relationship as close, and relates this to having the same experiences during their childhoods:

Obviously, we've been through like everything together, we've been with each other the whole time. That's like made us so like strongly bonded.

Because she has stayed with her brother throughout her time in care her bond with him is stronger than with her other siblings:

The rest of my siblings, and this sounds like really rude, but the rest of my siblings, most of them have got children and their children are in care now, and not nice situations. They don't really have many brain cells either. None of them do anything, none of them seem to have any motivation to do anything, not really.

Having shared experiences seems to have contributed to having a continuing strong relationship.

Kiana's relationship with her brother helps her in several ways. Firstly, through their emotional connection:

Oh, how's Jim helped me? Oh, I just love him. I'd never say that to his face [laughs], I adore him.

So, their emotional connection as siblings, seems important for helping her feel as though she belongs and is important. He also provides her with practical support:

And my brothers just helped me so much through so many things. And he's been like my constant person through everything, he's always been there, he's never not been there. And I think that's why he is so important to me.

The stability of this relationship then seems to be important. She also spoke about the relationship being reciprocal; because of their shared experience, they have been able to help each other:

He tried taking his own life in 2012, and that was horrific. And then I did the same shortly after, in early 2013, and I think we've both helped each other to get back where we were. Because we're the only two people who understand what's actually happened to each other, because we've been through so much. Because we're the only two young people from our family who have been sexually abused. So, my sister can't, not really, I mean she kind of can, but not really, she doesn't get it. Whereas Jim gets it and I get with Jim as well, which has helped us bond.

Thus, suggesting the quality of their relationship is stronger because it is reciprocal.

She also describes her brother as a role model:

I used to always look up to him, it was like that typical older brother thing, I used to always copy everything he did. If he wore a bandana, I'd wear a bandana. Jim got into heavy metal, so I got into emo. I just followed everything Jim did because I thought he was the best thing since sliced bread.

His positive life choices, have inspired Kiana to be ambitious about what she wants in her life:

Jim's nothing like that, he's probably one of the most ambitious people I've ever met, and he's really just been a good role model for me I'd say.

He also actively encourages Kiana to be ambitious and demonstrates belief in her ability to achieve her goals:

Like recently when I told him I wanted to be a social worker, he said I'm going to help you apply to Uni, you're going to be the best social worker ever. I was like, thank you so much.

This suggests encouragement and support from those you admire can be important to affirm your choices and ability to achieve your goals.

Foster Carer

Kiana described a strong and mutually supportive relationship with her foster carer. Her foster carer holds a very important position in her life:

I always tell people that she saved my life, because she really did.

Moving into this placement was an important milestone for Kiana because, for the first time since being in care, she feels settled and part of a family. Kiana described her relationship with her foster carer as 'like a Mum':

And now I live with my other foster carer, but she's not really like a foster carer, she's like my Mum now.

Kiana has been encouraged to maintain contact with her birth mother, but this is not something she has chosen to continue as an adult:

But my Mum's just... I don't want to be in contact with my Mum.

Kiana's description of her as 'like' her Mum suggests her carer hasn't replaced her Mum but does suggest she is carrying out aspects of the role a birth parent usually would.

The first aspect of the parental role that she describes her carrying out is helping to meet her basic needs:

My weight went up, which was amazing, because I was so, so thin, I was like 6½ stone or something stupid. My health got better, she encouraged me with school, she literally has just been fantastic.

So, similarly to with her Nan, it is significant for Kiana who comes from a background of neglect to be provided with basic parenting. She also supported her to go to school regularly and engage in education. While these are roles that most foster carers would be expected to provide, they may be more important to Kiana due to being neglected in her birth family and her reported experience of caring for herself in a previous placement.

Kiana also talked about how she has gone beyond the role of a foster carer:

But, it's just, and obviously she was able to sustain me financially and everything. And she's spoiled me rotten, which everyone knows, she's taken so much of her own money to spoil me and my brother.

This financial commitment seems to signify that her emotional commitment extends beyond fostering. By ensuring Kiana and her brother have what they need and going beyond this to spoil them, regardless of whether the fostering allowance would cover it, she has treated them in the way Kiana perceives a parent would treat their own child. This aspect of being

spoilt seems important, particularly in terms of feeling cared about. Feeling cared about was the second aspect by which Kiana's foster carer fulfils a parental role:

I've got a lot to be grateful for with Caroline. She's done so much for me. She's been like the first kind of parental figure to really, really care. Because my Nan was like, she was a bit of a softy really, but not the kind of, not what I wanted. I kind of wanted her to be more lovey-dovey. Whereas Caroline is like really nurturing.

Thus, as well as treating her practically like a birth child, her foster carer demonstrates care for her through emotional warmth.

She also described her relationship with her foster carer as 'like a friend':

And now we're literally best friends, we do everything together, which some people think is quite sad, but I don't, I love Caroline. She's literally like my life companion, I love her so much. And we literally do everything together, and I'm not even exaggerating, we go shopping together every weekend, we go out for food about twice a week together. We are like known as each other's sidekicks in the household, which is great.

This description of friendship seems to characterise how they interact with each other. They have shared interests and enjoy spending time in each other's company. The reciprocity of the relationship also seems important here:

And I've definitely helped her, I'm like super helpful. I do absolutely everything for her, and everyone makes fun of me, says you'd jump off a cliff if Caroline asked you to, and I'm like, I know! I help out loads around the house, with her business, just loads. I do help her I know I have.

As with her brother, the reciprocity of the relationship seems to be important to its' strength.

Social Worker

Kiana described a strong and supportive relationship with her social worker. She chose an emoji with sunglasses for her because she felt that it represented her as being someone who was 'cool' and showed how important she was to her. The first way Kiana described their relationship was 'like a member of the family':

She's kind of more like family than my social worker for like all the time she was working with me.

This description of the social worker as a family member seems to be closely linked to the length of time that the social worker has known her and the stability of the relationship. This stability has been important to the quality of the relationship:

I felt comfortable to talk to her about everything and anything.

Kiana also described her relationship with her social worker 'like a friend':

So, we've like stayed friends which is really nice as well. So, she didn't just like leave, I still see her which is great.

The social worker has retired, so no longer has a professional role in the young persons' life, yet they continue to have regular contact. Wanting to keep in touch despite the professional relationship ending is one reason she seems to categorise it as a friendship. However, the quality of their relationship is also important:

And in a way Tina, now, because we go out and we chat...

They appear to have a reciprocal relationship where they talk to each other, rather than a professional relationship where the engagement is one-way and expected to have an outcome:

She was quite like normal around me. She didn't act like all professional or 'roboty', which my PA [Personal Advisor] does, she was just completely herself. So, I think I know her quite well.

Hence, it appears the social worker being herself around Kiana supported building a good relationship.

Leaving Care Worker

Kiana chose not to place her leaving care worker on the map. She did, however, discuss the support she received from her at some length. She described the relationship as weak:

So, I got given a leaving care person. But she's, she calls herself my PA, I don't really know what that means...

Personal Advisor I think (Researcher)

Oh, fine [laughs]. PA, her name's Belinda. And it's been a bit rocky to say the least.

Firstly, because she felt her PA had not helped her as much as she should have done and secondly, because she does not have enough time for her:

And she hasn't been there as much as she should have been for me applying for Uni. I've done all my Uni stuff on my own, I've done everything on my own. Whereas last year she helped my brother out, like a lot, and I haven't received that help, which has been really tricky because, she is just busy, which is irritating, to say the least. But, yeah, I don't really like having a PA, she doesn't seem to do very much.

Important Aspects of the Social Work Role and Relationship

Kiana identified five aspects that helped her to do well in care; 'helps me understand my past', 'has time for me', 'knows me', 'understands me', and 'cares about me'. Kiana felt one of the main barriers to doing well was that she did not fully understand why she was in care:

Like, the court cases, why we were initially taken away, with force. Literally like they bust open the doors and pulled us out. Why did that happen? What led to that? Because I still don't really know. And that's kind of down to some of these people, because they should have told me.

She thinks when she was younger her family and social worker tried to protect her from this information as they were worried it would upset her:

That's something that I've always struggled with. Because everyone wanted to blanket me from the truth for so... for as long as they possibly could.

However, Kiana is clear this was not helpful because she does have some memories about what happened, and she does want to talk about it:

I didn't really know... when I was really young, I didn't really understand what had happened to me, obviously. I had these horrible memories, but I didn't understand what that was, because you don't really understand sexual things when you're like 7. And it took me like so long to understand what it was. And because everyone was like blanketing me it made me kind of think, oh, maybe it didn't happen. But it did happen...

Kiana does have some recollection of her social worker talking to her about it when she was about twelve-years-old, but she still feels like she has unanswered questions:

Tina went through something with me when I was about 12, 13. But it had nothing to do with the abuse, it was just the neglect. So, I understand the neglect side, but I still don't fully know the abuse side... Tina has kind of helped me.... But Tina wasn't 100% clear

This impacts on her life now, and because she has left care, she feels like there is nowhere to go to get the answers she needs:

I'd have a better understanding. And, I just still really want that. And I'm 18 now and I still don't really know. People don't like talking about it, which makes me not want to talk about it, but really, I do want to talk about it.

While Kiana felt she saw her previous social worker frequently enough, she did wonder if lack of time impacted on her decision-making:

I love Tina, but that was kind of the situation with the placement we were in. She had so much going on I don't think she wanted to try to look for another one, so we kind of settled for the one we were in.

While she does not blame Tina for being placed in an unsuitable placement, she does identify time-limitations may have led to them accepting an unsuitable placement for too long. Her perception is, if her social worker had more time for planning, they may have been moved from this placement sooner. Kiana did express frustration about the frequency she sees her PA:

Oh. It's been bad. I saw her recently, but prior to that I hadn't seen her for 4 months, maybe five months, maybe longer than that actually. It might be longer than that. I don't know the exact dates, but not very often.

It was not only the infrequency of face-face visits she found frustrating, but also the difficulty she had getting a response from her PA when she asked for help:

I had to email her like four times to get her to reply to me. And she's like off all the time. I get an automated reply when I email saying I won't be back in the office until like two weeks from now, and I need like something now. So, it's really difficult. And then a lot of the time she doesn't come back to me straight away anyway. So, yeah, she just has too much time off. It's so bad. I've had so many of those automated replies.

Seeing her PA more often was the main thing she would change if she could:

How many days she works, how often she contacts me... The amount I see her...I need to see her way more. Especially now I'm transitioning from college to Uni. I need to be having meetings like all the time.

Therefore, despite being in a stable placement she perceives as family and over 18-years-old, she still seeks and would value more support from the local authority.

Kiana thinks social workers need to know children well. She talked negatively about several previous social workers who did not know her well. For example:

At one point, at the very beginning, she had to ask if Jim and I were related. We were like, what, have you not read anything, how can you not know that? How can you be doing such an important job and not know anything about us? It was really bad. She probably doesn't know anything.

Kiana explained knowing children well meant more than knowing basic details about children recorded in case files:

She knows like all the factual things, like Kiana wants to go to Uni, but she doesn't know anything about us, like what we're like, or anything like that.

Knowing a child then seems to mean getting to know them as a person to understand what they might need. Kiana explicitly linked this to the importance of social workers understanding children in care:

I mean, no-one has experience, from what I've experienced, I mean they don't know people in care. I just think you need like more experience to actually do the job, in my

opinion. Sometimes you don't, because I don't think Tina had much, but she was able to understand people really well and that was like an amazing quality for her job.

Kiana felt her social worker knew and understood her well, and this was not because she had a shared experience of being in care, but because through her training she was able to empathise with and understand her situation:

...Because obviously all of our past and everything. She was just always very interested in us, in general. It wasn't just like a job to her, she actually really cared about us.

Because her social worker had been in her life for a long time, rather than needing to learn about her background, she had lived it alongside her.

Kiana talked about social workers needing to care about children more frequently than any other aspect:

I think we just need more people that actually care, that's my main point.

She perceived social workers can demonstrate they care by showing a commitment to children beyond the basic aspects of their job:

It wasn't just like a job to her, she actually really cared about us, so yeah.

This included really understanding what children need and acting on this:

People just need to actually care, rather than see it as just getting things done. Just getting rid of all the paperwork and making sure that kids are in suitable placements, and not just in placements so you don't have to look for another one for them... So, like actually think about what the children need, I mean really think about it. Don't just jump to conclusions about things, I reckon. People just need to care. They just really need to care.

So, suggesting, when a social worker knows a child, rather than jumping to conclusions, social workers understands what they need. Paperwork was identified by her as a barrier to building caring relationships:

They need to be able to get on with you. Because otherwise it's so 'roboty'. It's like, paperwork orientated, we need to get this done, we need to get that done. It's like, they need to care more, I reckon, definitely.

Feeling cared about was an important part of her being able to trust the person she was working with:

I think it's important that you have some kind of bond with the person who's supposed to be helping you with all these things. Rather than no bond at all, or an uncomfortable one, which I have, and my brother has [with PA]

Because the relationship she has with her PA is not characterised by her as caring, she does not feel comfortable engaging with her. So, it seems to be easier for young people to ask for help and engage in relationships they perceive as caring.

Cross-Case Analysis of the Social Worker Role and Relationships

Completing the timeline allowed an exploration of non-normative transitions experienced by children while in care (Bronfenbrenner, 1986). All the children reported several such transitions, including changes in placement, school and social worker. There was evidence from the interviews that experiencing multiple non-normative transitions can influence children's investment in future relationships. This was particularly evident in Nicola's case when she spoke about how her experience of being let down by social workers, family members, friends and carers in the past influences willingness to build relationships in the present. It was also evident in Jack's case study when he expressed concern that if he behaved badly his foster carer might run away. Therefore, it seems experiencing a number of non-normative transitions can impact on children's trust in future relationships. Despite this, all three identified a change of placement that had been positive for them. Nicola talked about being unhappy in a placement over a few years, and how this had resulted in her running away on several occasions because she was not being listened to. Kiana talked about a placement where she perceived her basic needs were neglected and Jack about a placement where the carer had frightened him. In all these cases a move away from that placement to one that better met their needs was perceived to be positive.

Each child drew an ecomap of their support network. Kiana and Nicola chose to place 4 support systems on their maps. In contrast, Jack placed a total of 20 items on his map although this was mainly due to choosing to add objects as well as human relationships. Removing objects from the map, his support network consisted of 5 support systems. While the support systems were different for each child, they tended to include birth family members, friends, carers, social worker and education/work. Kiana and Nicola's had a similar number of relationships on their maps, but the quality of the relationships in their support networks were different. Nicola commented that her support network is limited:

So, my life literally consists of work, sometimes seeing friends and social services... Those 4 things are literally my life.

In contrast Kiana, while recognising her support network was different to those of children not in care, was happy with her network and would not change it:

I think a normal person's map would be like, Mummy, Daddy and whatnot, but mine's not like that, obviously, due to circumstances... I wouldn't change it. No.

This suggests the quality of support in a child's network could be more important than the number of support members in that network. Looking in more detail at the quality of relationships in Kiana and Nicola's support networks appears to back this up. Most connections on Kiana's map were mutually supportive. In contrast, except for her social worker, Nicola perceives she is giving more support out to each system member than she is receiving. Therefore, it seems good quality relationships tend to be reciprocal.

Understanding the quality of the support network seems particularly important when considering making changes to the system. As identified above, when the quality of a relationship is poor, it may benefit the child's wellbeing to change that part of the support network. Similarly, it is also important to recognise and support good quality relationships. For example, for Jack it was important to move to the same secondary school as his best friend, ensuring at least one member of his support network was maintained through that transition. Because Nicola's support system is transient at present, due to work and placement systems being new, the relationships are generally weak. In addition, when she turns 18 in a few weeks' time, her relationship with her social worker is also due to change. This means three out of four parts of her microsystem will have undergone a significant change within a 3-month period. Nicola intends to maintain her relationship with her social worker, even if a change is forced by the organisation:

Well Sharon, because of lack of staff, Sharon said that she'll be my leaving care PA for about 6 weeks maybe, maybe more. But after that I'll have someone else.

What's that like?

Well I know I can still go and speak to her. So, I said to her, even though you're not, you still will be. Like I'll come around to you when I need help with something. She was like, you know you can, and I was like, OK.

In contrast, Kiana's relationships with all those on the map are stable and likely to be ongoing into her adult life. Her social worker and her foster carer have both fought in different ways to remain in her life; her social worker by continuing a social relationship with her even though their professional relationship has ended and her foster carer by keeping her and her brother on in a 'Staying Put' arrangement. Therefore, understanding the quality of children's relationships children could help support decisions about changes that might be needed in a support network and when relationships need to be maintained.

Nicola is clear about everyone's different roles in the support system and when it would be appropriate to approach different members for support:

I mean if I was worried about something to do with like here I'd go to Sharon or like something that involves Sharon I'd go to her. But like something else it would be one of my close friends. Actually, if it was mainly about here in the building it would be Jerry or John, the staff here.

This suggests the support network a child has available to them can influence the role their social worker plays. The idea that the social work role may depend on an understanding of the other members of the support network was also present in the interview with Jack. He identified his birth family as the most important part for him of his support network. In reflection of this, an important part of the social work role within his support network is to help enable ongoing contact with his birth family members. Therefore, understanding the other relationships a child has, and the importance of these to the child, seems to help clarify the social work role in that child's life.

Similarly, understanding what might be missing from a child's support network also seemed to influence the social work role. For example, Nicola is missing a birth parent in her support system and assigns the social worker this role, describing her as 'like a Mum'. Kiana, who is also missing ongoing contact with a birth parent, assigns a parental role to her foster care, describing her as 'like a Mum'. Interestingly, even though she had achieved permanency in her placement, Kiana described her relationship with social worker as 'like a family friend', implying the relationship with her social worker continued to be significant. In contrast, Jack still strongly identifies with his birth parents and he did not assign the role of 'like a parent' to any other support network member. Consequently, understanding what a child is missing within their support network seems to help predict the social work role in each individual case.

The social worker was an important part of each child's support network. Having established that the social worker role in a child's life is partly dependent on what a child needs the social worker to do, and partly on what is missing from their network, it was possible to identify within each case study which aspects of the social work role and relationship children describe to helping them to do well in care. As can be seen in Table 1, aspects were identified within each individual case study because they were important to each individual child, although some of these aspects were identified by more than one child. The first four aspects relate to tasks the social worker carries out. The other five aspects relate to the quality of the relationship. Each of these aspects of the social work role and relationships will be explored in more detail in the discussion in Chapter 8.

Table 1: Important aspects of the social work relationship according to children

	Nicola	Jack	Kiana	
Helps Me Be Happy	Yes	Yes		Social work tasks
Gets Stuff Done	Yes		Yes	
Helps me understand my past		Yes	Yes	
Helps me stay in touch with people		Yes		
Has time for me	Yes	Yes	Yes	Relationship with social worker
Knows me	Yes	Yes	Yes	
Understands me	Yes	Yes	Yes	
Cares about me	Yes	Yes	Yes	
Stays as my social worker	Yes		Yes	

6: PROFESSIONAL PERCEPTIONS OF THE SOCIAL WORK ROLE

Introduction:

This chapter explores how the eight social workers and two managers interviewed describe the social work role with children in long-term care. All names and other identifying features have been anonymised to protect the identity of the participants. As outlined in Chapter 2, the role is being defined as the tasks and responsibilities social workers perceive they are expected to carry out.

Managers were asked to define the role of social workers with children in long-term care and found this difficult due to the wide variety of tasks and responsibilities involved:

Ah, that's just so difficult isn't it? No, I couldn't. It's about supporting, assessing... Where does it start from? It's just relationship-based isn't it? It's massive. So, no, I couldn't define it, no. Because some of the things that are done as a social worker, I would never have thought I'd end up doing any of those things. So, no I just cannot, I just cannot at all, I just cannot. (Manager 1)

The difficulty defining the role was perceived to be unique to the social work role:

...when you look at the other roles, I mean you know what a teacher does, it's clear. You know what an IRO does, I mean their remit is really clear. I think the nurse you know what they do, the foster carers. But when you get the social worker role there's so much more to it, and I think the social workers need to be open to that, you know. (Manager 1)

This suggests the social work role with children in care is either not clearly defined in policy or that the way the role is defined does not reflect the reality of practice.

The social work role with children in care is outlined in statutory guidance (DfE, 2015b). All participants were aware of the statutory guidance and said it defined the tasks and responsibilities of their role:

Well they're all, we all have the same policies now. They're all countrywide, aren't they? All the authorities now share virtually the same, and it's all guidance from the DfE anyway... so any policy we have will be one that the government, DfE has. There's less local ones now, there used to be more local policy. (Manager 2)

So, the perception is that government, rather than local authority, policy guides the social work role in practice. While having national guidance on the social work role with children in care should lead to clarity about what the role entails, this was not perceived to be the case

in practice. For example, the difficulty defining the role seemed to lead to confusion about the social work role between those in children's support networks:

Yeah and people do have very different expectations. We see it with families, we see it with carers, we see it with children, you know what they expect the social worker to do. (Manager 2)

Rather than describing the social work role in a general sense, social workers were asked to define their role in relation to one child. For example, one social worker described her role with one child in care as follows:

At the moment my role with Nicola is to support her. Support her to be looked after and to move onto independence. So, there's definitely that work. But some of that at the moment has been taken over by ensuring that the appropriate counselling and support services are in place. So, making the referrals, taking her to interviews in relation to an investigation that's going on. So, I take her to those. So, I think I see my role as quite practical, but also Nicola will use me for emotional support. Allow me to help her for the emotional support. So, it can be quite practical... (Social Worker 6)

As can be seen in this extract, when discussing the role with an individual child, social workers could identify a range of duties and responsibilities. These tended to include completing statutory tasks, relationship-building, direct work, case management, decision-making, and facilitation.

Complete Statutory Tasks

All participants were aware of their responsibility to meet the statutory requirements of the social work role. Primarily, they spoke about statutory tasks in terms of the timescales attached to them:

We've obviously got timescales on our systems, pathway plans, care plans, that's a statutory duty task for me that I need to keep up to date. (Social Worker 3)

While the importance of completing statutory tasks was acknowledged, there was also a perceived tension between meeting statutory requirements and meeting the needs of children:

So, senior managers particularly might be like, so on your next visits I want you to ask when they went to the dentist, are they happy at school. They might have their own agenda they want you to feedback on when the kid might want to talk about something else. (Social Worker 2)

Therefore, from a social work perspective, there was tension between meeting the needs of the child and the needs of the organisation. This tension was also recognised by one of the managers:

It's not helpful when they say you haven't done your care plan, you haven't written your care plan, you haven't done your report for the review. No, they are, but the role itself, rather than the... We're going to have dispute resolution if you don't get your report on in 5 days. I mean, come on, get real. I mean, dispute resolution because the child's human rights have been violated, not because we haven't got a report on the system. (Manager 2)

While the tension between meeting the needs of the child and the needs of the organisation was apparent in the interviews with the two managers, they both had different perspectives about how this tension should be managed. One manager said, while statutory tasks were important, they were less important than meeting a child's needs:

It's important, but it's not the most important thing, I guess. So, it has to be in the interests of the child. If it's to do it to tick the box, then no. Like the review when the social worker is sick, and they can't attend, I don't want to tick that box by sending somebody who doesn't know the child. I'd rather rearrange it. If the child is moving placements and it's pointless having it then, then do it when it's more settled and it's just a bit late. And I think it's that, so what isn't it. Well you've ticked the box haven't you, and I love stats and I love to see everything without red, but only if it's justifiable. (Manager 2)

However, the other manager inferred that statutory tasks were the most important aspect of the role:

The most important things you need to get in there are your PEPs, your LACs, your statutory visits and your training. And then the rest of it you build up around that, your relationship with parents and the other professionals. (Manager 1)

In the first case the manager implies relationships are more important than the completion of statutory tasks; in the second, the completion of statutory tasks is the most important aspect of the role. In the second case, relationship-building seems to become something social workers do in addition to their statutory role:

It's no use as a social worker if you just come in and you're ticking your boxes. And you're a great social worker you know and your written works fantastic, your [statutory tasks] is always up to date. It's not enough, it's about being able to give a little bit of something extra. And that's what I think is important and that's why I think relationship-building is important (Manager 1)

Therefore, there appears to be unresolved conflict between completing statutory tasks and relationship-building.

Relationship-building

Statutory visiting is specifically in place to support relationship-building between social workers and children in care:

...like statutory visiting, it talks in there about the relationship between the social worker and the child, but I don't think it does anywhere else. I don't think, everything else is just how you do stuff. (Manager 2)

While guidance on statutory visiting outlines how good relationships can impact on other aspects of the statutory role, it is the only section of guidance where relationships between social workers and children are explicitly mentioned (DfE, 2015b). The guidance talks both about the frequency and content of social work visits.

Statutory Visit Frequency

Social workers are required to visit children in care on either a 6-weekly, 3-monthly or 6-monthly basis, depending on how long the child has been in placement and whether they are in a matched long-term foster placement (DfE, 2015b). Social workers and managers talked about 6-weekly and 3-monthly visiting requirements, and were clear about when each of these visiting frequencies was appropriate

I see her? Well the theory is that I can see her every 12 weeks, from a statutory perspective, because she's been in her placement for more than a year. (Social Worker 6)

None of the social workers or managers interviewed spoke about seeing children less than 3-monthly. New guidance outlining 6-monthly visiting for children in matched long-term placements have recently been introduced to encourage a sense of permanency (DfE, 2015a). However, the perception of social workers was that there were only a few children who would want less frequent visits:

And there is one girl I'm working with at the moment, I mean she likes me, we go out for coffee and we have a chat, but she definitely does not want a social worker or social work support. She is a high achiever at school, she just wants to be normal, as she would say, and not associated with care. But they are few and far between, I would say most kids would like to see us more. (Social Worker 4)

So, while some children in settled long-term placements might be less likely to need regular social work support, most children in care were perceived to want more contact with their social worker.

Professionals perceived 3-monthly visiting as inadequate for building good relationships:

So even if statutory visiting is 3 months, seeing a child 4 times a year just isn't sufficient to have a relationship. So, we aim for 6-weekly and more... (Manager 2)

And a few social workers perceived even 6-weekly visiting was inadequate, instead visiting children monthly:

Well, statutory blah blah 6 weeks. Best practice is a month. So, I stick with a month for all my cases, 6 weeks seems too long. (Social Worker 7)

In all the case examples discussed, social workers talked about seeing the children we were discussing more frequently than set out in policy. Therefore, seeing children more often than minimum statutory requirements seems relatively normal practice. Social workers gave a variety of reasons for visiting more frequently than the minimum timescales, including carrying out assessments, being worried about a child, and placement issues. A few social workers also spoke about visiting more often because the child asked for this:

But she does utilise that support from a social worker. She will call, she will text, she will make appointments outside of statutory visits. (Social Worker 6)

Even though social workers were already seeing the children we spoke about more than the minimum statutory visiting requirements, when asked what they would like to support a better relationship, most said they wanted to spend more time with children:

I would like, ideally, I would like to see him much more. (Social Worker 4)

Visiting more frequently was perceived to support building a better-quality relationship:

I wish they could see them more, I think the kids do as well, and I think that's quite a bit of feedback that we got from OFSTED I think, that kids want to see... You know we take all this time to build relationships with the kids and then we don't get the chance to see them as much as we would like to, and that's hard, I think. (Manager 1)

Social workers perceived the quality of the relationship was poorer when unable to visit as often as they wanted, as expressed by this social worker:

Sometimes he'll probably... "oh god social worker, she's rubbish, she doesn't do anything"... and we don't really do we? We just set up stuff, so it looks like we don't see them enough. (Social Worker 4)

Being unable to visit children as much as they wanted was also identified to impact on the wellbeing of the social worker:

I would say most kids would like to see us more. And then that gets translated to, oh she's rubbish at her job, she never comes to see her, she never does anything, she doesn't answer the phone, she's always on leave. I mean you hear all this, so you get this criticism. That's the bit you remember, I mean I don't remember the compliments, that's what sticks in my mind. (Social Worker 4)

The timescales associated with statutory visiting appear to be causing tension between social

workers needing to meet the statutory responsibilities of their role and meeting the needs of the child:

So why don't they see you for 3 months? (Researcher)

That's the statutory, that's when we have to see them, and there isn't time. That sounds ridiculous, you think what else are you doing? (Social Worker 4)

Therefore, there seems to be a risk that, in practice, statutory visiting guidelines become a target for frequency of visiting, rather than being minimum guidelines as the policy intended:

So, we try in our team, we very much try to be needs led rather than statutory led. Because you can end up like that. (Manager 1)

So, while statutory visiting was set up to promote good relationships between social workers and children, it seems the timescales associated with statutory tasks can take precedence over the quality of the relationship and needs of the child.

Statutory Visit Content

To promote good relationships between children and social workers, guidance suggests statutory visits should usually be carried out by the child's allocated social worker, social workers should see children alone, and carry out some visits outside of the placement (DfE, 2015b). All social workers spoke about spending time with the child alone and outside of the placement:

If I feel they're able to, the vast majority I'll take out, you know, to get to know them. We might just go over to a garden centre and have a cake and a fizzy drink or something. (Social Worker 1)

Spending time alone with children was perceived to support building relationships by helping the social worker to get to know the child, and the child to trust the social worker:

Because I think kids need to trust you to tell you about things that are going on. So, if things aren't right you can do something about it. (Social Worker 8)

Most social workers talked about spending time having fun with a child:

Usually if I get a case and they're settled you might just go and hang out, go to the park, go and do fun stuff. (Social Worker 2)

Spending time having fun with children was perceived to support building better quality relationships:

And I think because I do a lot of stuff that he hasn't experienced with previous social workers, because all the previous social workers would just come, ask him how he was and then leave. He likes that fact that I'll take him out. If we're doing life-story work we'll go out, we'll get snacks, we'll bring them back to the office. We do a lot

more than just sitting and talking. Like last time I saw him we played football for ages. Today we're going to go to the park with the scooter. Things like that, like fun stuff, so I'm not just a social worker, I'm another person. (Social Worker 7)

Therefore, a good quality relationship was perceived to be one in which the social worker and child know each other well. One social worker explained how having fun has developed a difficult relationship with a child to one where they could work effectively together:

Because I'd do stuff with him and talk to him about stuff and he wouldn't be having any of it, and he'd be kicking me and punching me and all of that... so I was newly qualified and very eager, and I wanted to do direct work, and I've realised that I just need to play and have fun with them. So now when I go, I get hugs at the start and I get hugs at the end. I went to see him on respite last Monday and he spoke to me about how things were going, and it was really good. (Social Worker 8)

When social workers had a good quality relationship it was perceived to support keeping children safe:

It's about their relationship, building the relationship with the social worker. Because then it works the other way as well, so you do know if they need safeguarding. If you don't know them you can't judge if things change, you don't know if everything's all right, because you don't know if the child, you're seeing is the child you should be expecting to see, if they're presenting differently. (Manager 2)

By knowing a child well, the social worker can pick up non-verbal changes in behaviour and can act more proactively:

Oh, it's so important. I think I can read him quite well. Particularly in his behaviours. He displays an awful lot of non-verbal cues. He's very good at verbalising. But what I can see with him is sort of like a build-up, maybe if he's feeling nervous or anxious or maybe a little bit uncomfortable, I can see that build-up in the way that he's behaving before he then recognises it or talks about it. So, I can already gauge what's happening and which way I should go with conversations and stuff, and I think that's really, really important. (Social Worker 7)

When social workers do not know children well, they perceive it has a negative impact on their ability to keep children safe. For example, one social worker spoke about her concerns about the safety of a child placed in their parents care. The social worker was concerned he was not safe at home, but because they do not know each other well, the child does not trust her enough to share any concerns:

Because we haven't got time to, for them to get to know us and us to get to know them. And I think that's because we, I mean I feel like I know Phil because I've read lots about him, I've thought a lot about his background and what that means and what he might need. So, I feel like I know him quite well, but doesn't know me, and that's what is missing, I think. The main issue. So, it feels to me like I know him quite well, I understand him, but he doesn't. The kids I have spent a lot of time with do

know about me, they know about my daughter, they know where I live, they know what I've done, they understand me. So, we have two-way conversations, so they ask me about, there's a girl we were talking about smoking and how my husband was giving up, and she would ask me how he was with the cigarettes and that sort of thing. And that's what's missing, if you haven't got time for them to know little bits about you really. (Social Worker 4)

So, there is a link being made between the social worker having enough time to build a relationship with a child where they know each other well. The importance of having a reciprocal relationship was mentioned in a few interviews:

Because it's a bit of arrogance, until you have that relationship, it's just some nosey person coming in and asking questions. And asking the same questions and thinking they're really smart because they don't know that they're asking you the same questions that everyone else around you has virtually asked. And it's only once you have that relationship that you don't have to ask all the time those direct questions. That actually the child will come to talk to you, in the language they want to talk to you in. (Manager 1)

Hence, it seems having a good quality relationship includes knowing the child well, and when this occurs social workers are more likely to be able to keep the child safe and support their wellbeing.

The way statutory visits are monitored through timescales was perceived to mean the quality of work a social worker carries out, including the quality of relationships, is not recognised:

You can do a fantastic stat visit, but if it's not on the system at the right time it's like your work's not recognised. It's like you're shit because you haven't put it on the system in time. (Social Worker 7)

Thus, timescales associated with the frequency of statutory tasks seem, at an organisational level, to be valued more highly than the quality of the content of the visits, including taking time to know a child well. Consequently, there appears to be a conflict between completing statutory visits within set timescales and relationship-building.

Direct Work

Direct work discussed by social workers and managers could be divided between providing practical and emotional support to a child. Practical support, for example supporting a child to apply for a passport, was identified in the children's case studies to help build trust in relationships. Social workers and managers did not all recognise the importance of completing such tasks:

And I'd love somebody, just one person to sit in our team permanently and just do admin. Just to ask, just do that passport, just do that, I know it might be a really

boring job for that person but hey it would free up, it would be absolutely amazing.
(Manager 1)

Practical tasks are represented here as an administrative task that could be carried out by a less skilled practitioner. If professionals perceive such tasks take a low priority it might explain why some children perceived social workers do not prioritise them. One social worker did recognise completing such tasks as a central part of building trust in relationships with children:

And then I also have a lot of young people that talk about, a big thing is being let down. So, my social worker said that they'd do this, and they never did. So, I always make sure that I follow through. And then I tell the young person, particularly teenagers, I'll say ever since I met you if I've said I'd do something I've done it. To remind them that I can be trusted, because I know it's hard for them to trust. (Social Worker 7)

Therefore, an area of learning and reflection for social workers might be understanding the importance to children of keeping their promises. Such practical tasks could be delegated to others, but it is still important they are carried out in a timely way.

One example of emotional support was carrying out life-story work to help children understand why they are in care:

Well I was doing that with him. Because what I do, I take him out. I go to wherever he would be, and in the period he was in care, we spent a lot of time talking about being in care. (Social Worker 1)

Most participants identified life-story-work as part of the social work role:

It would be nice if it was the social worker, it's nice, it's good therapeutic work. And it should be done with tools, and it should be evidenced based. I think it's nice if that could happen. I'm not sure there is always the opportunity for that to happen. Or the child wants that with the social worker. But I always think if you've made a good relationship with the child that kind of work should come naturally, and shouldn't really, in inverted commas, be 'farmed out'. Not at all, it's part of, it's part of a social work role isn't it really. (Manager 1)

One barrier to carrying out life-story work was the time social workers have available:

Over the last month I've had a lot of court work, so that's been my priority. So, all the life-story work, all the direct work it's fallen to the ground. And the ones that needed it, because there might be a placement move coming up, that's been the priority. So, the one's that's settled they don't get it. (Social Worker 8)

There appeared to be a perception life-story work is a discrete piece of intensive work rather than an ongoing part of the relationship:

I think he's going to need life-story work, and when I get around to doing that work, I'll probably go around a bit more when I do that. (Social Worker 8)

Not all the social workers felt able to provide emotional support to children:

I would like to be able to work more therapeutically, but I had hoped that when I came back when I had done that course that I would be able to use my therapeutic skills in this work, but you can't, you can't open something up and then say I'll see you in 3 months, it's not fair. (Social Worker 4)

Therefore, it appears restrictions on how often a social worker can see a child can limit opportunities to carry out therapeutic work. Hence, time seems to be a barrier to social workers feeling able to carry out direct work with children. Although, two social workers also questioned during the interviews whether they should carry out emotional support or therapeutic work with children:

I am not there as her counsellor. It is important to have that working relationship that kind of blurs into a therapeutic relationship. But it isn't a therapeutic relationship. So, it's actually, it is, it is about boundaries. (Social Worker 6)

This then starts to illustrate there may be tension between whether the social work role is to directly intervene in a child's life by providing emotional support or to act as a case manager who arranges support on behalf of the child.

Case Manager

The role of case manager is used to describe care planning and oversight of the child's support network. In this role, rather than intervening directly with children, social workers ensure there are others available in the support network to meet their needs. Case management was viewed as a significant part of the role by all social workers and managers interviewed:

I think the social work role is co-ordinating. It's pulling everyone together. It is about moving forward the care plan. Having that relationship with the young person also but moving forward that care plan so that they progress, they grow, they achieve their full potential. That is the social work role, I think. And looking at other agencies, for a young person who is looked after, that is seen as the social work role is the co-ordination and the moving the care plan forward. (Social Worker 6)

When talking about the case management aspect, social workers generally spoke about supporting other relationships in a child's life:

So, focussing on facilitating family relationships and longer-term relationships, that aren't social work. So, my role is about managing her care plan, and supporting other relationships. (Social Worker 6)

And negotiating between the different members of the child's support network:

Well they have to do a phenomenal amount of negotiating at the end of the day. As well as you know the direct work with these people. It's a phenomenal amount of negotiating to get the resources on board and to negotiate with those resources. (Social Worker 1)

Therefore, the case management role seems to include the social worker accessing support services for the child, supporting the relationships the child has with those in their support network, and negotiating between different support network members.

A few participants choose to take a case manager role because they perceive having a social worker is not 'normal' for a child:

Actually, is it normal for a young person to have a social worker as one of their key figures in their life? Actually, I think it's my role as a social worker to encourage the other relationships in her life that will be more long-term. You know, her relationships with her family, her relationships with her friends, even her relationships with her foster carers because quite often they continue into adulthood. Her transition, making sure we're meeting her care. Actually, as her social worker I think it's my job to build the relationships that are going to be more long-term in her life. (Social Worker 6)

This seemed to lead to a sense that social workers should minimise their direct involvement in children's lives:

I was having this discussion earlier, and I think that we need to be a presence. But we want our kids to be normal and we don't want the stigma of them being in care. And we do a lot, we do court work and things, so I think that there needs to be that impartial person who has oversight. (Social Worker 8)

Acting as case manager, the priority is ensuring other relationships are in place, rather than directly intervening with children. This seems to minimise the caring aspect of the social work role, rather the social worker remains 'impartial' and is then able to make decisions about children's care.

A negative aspect of the case manager role was the perception children did not understand how much work the social worker was doing on their behalf:

I don't think she sees as much as what I do in the background. So, I do a lot of meetings about Natalie and about working with Mum to make contact better, working with dad, working with foster carer to support her, working with school to support them to understand her behaviours in school. So, Natalie probably wouldn't think that I do a lot, but I think that I'm really important. Not that I should go on about being important. But I think I am really important but I'm not sure that she always sees it in the background. (Social Worker 2)

Therefore, there is a risk taking a case manager role has a negative impact on the relationship the social worker can build:

I think he would see me as somebody, I don't know, it would depend on the day, I guess. Sometimes he'll probably oh god social worker, she's rubbish, she doesn't do anything, and we don't really do we? We just set up stuff, so it looks like we don't see them enough. (Social Worker 4)

To minimise these potential negative impacts, it was identified as important to maintain a good relationship with the child:

But you've got to have that relationship for that to work. Otherwise you wouldn't have all of that. [Points to child's ecomap]. (Social Worker 3)

A good quality relationship was perceived to support the social worker to both setup and maintain an appropriate support network for a child:

You forget; it's about joining it up. The social worker is so important here, because it's the social worker who should build the relationship with the child to know who the child should be going to or could be going to, you know. So, it doesn't mean that the social worker has to be the one that does the most, the social worker needs to be the foundation that everything else is built upon. To know that I'm safe enough to come to you, and even if I don't know that I want to talk to you about something, I know that you will signpost me to the right person to talk to. (Manager 1)

Therefore, a good quality relationship between the child and social worker is a central part of carrying out the case manager role and ensuring the right care plan and support is in place. However, this can create conflict because building a good relationship requires the social worker to carry out direct work with children.

Decision-Maker

Making decisions was a key area of social work practice, which was mentioned by all social workers and managers during the interviews:

So, we're having a [Professionals] meeting and we're going to have to decide are things going ahead to court to revoke this, to discharge this care order, or are we going to... what do we need to do. So, we need to make a decision today about whether to have a strategy meeting to look at these injuries, which there's no evidence of today. And then there's this eating disorder... We need to make a decision... (Social Worker 4)

Social workers reported they used assessments as the main tool for decision-making. The most frequently cited reason for carrying out assessments was to make decisions about contact with family members:

Mum has, she was having supervised contact when I got involved, and Natalie was pleading, and I mean literally pleading, for unsupervised contact and more frequent contact. I'm currently doing an assessment and Mum's been having unsupervised contact. (Social Worker 2)

When making decisions about contact issues, two social workers identified children who wanted contact with a birth family member but were not able to tell the social worker everything about what is happening:

I think dad and her, it is a significant relationship with dad, and her not opening up it can, it's a barrier. (Social Worker 5)

Children may not feel able to be open with social workers in these situations due to balancing loyalty towards their birth family with any potential risks:

...and then Natalie will start protecting her Mum. "Oh, it's not Mums fault, she didn't know, it was a Saturday" ... (Social Worker 2)

So, it seems, if children are worried a social worker might make a decision they do not want, as in this case where the child is worried contact might stop, it places them in a difficult situation where their loyalties are pulled between two significant people in their lives, their social worker and their birth parent. A consequence of this is social workers may need to make decisions in situations where they do not have full information, which was identified to cause anxiety:

I worry, that sometimes I'm missing disguised compliance, I worry about that sometimes, because she says everything, I want her to say, and then she'll go and do something like invite her sister and invite, or boyfriend will pop to contact for 5 minutes. "oh, he's only there 5 minutes". Yeah but you've done it, and she knows once she's done it, I can't do anything about it. Yeah, so, I worry sometimes I'm missing, or not noticing... it's really hard. (Social Worker 2)

Hence, to make good decisions, social workers seem to need good quality relationships with children and their support network members.

Another social worker spoke about trying to get a child to be honest with her about what was happening at home so they could decide whether it would be safe to revoke a care order:

But what he knew he didn't want was coming back into care. So that has been a problem all the way through, again we were talking about today, that has been a barrier to him being honest I think because he is terrified that if he says anything about his Dad, he'll end up back in care. (Social Worker 4)

This suggests the decision-maker role, particularly when making decisions resulting in outcomes children do not want, can conflict with the role the social worker also has to support children:

And I think the difficulty is like her... like other young people see you as the decision-maker, and you can't get away from that because you are, so it's like, god, if you tell Denise that something else might change. (Social Worker 2)

This conflict between making decisions and supporting children was also mentioned by one of the managers:

I think sometimes it's very different because you get a supporting role and then you get more or less an assessment role, so it's finding that person the child trusts...
(Manager 1)

This seems to imply the role of decision-maker is not compatible with supporting children in care, and this incompatibility is based on the trust children have in the relationship with their social worker.

This incompatibility was supported by one of the social workers who spoke about how, because she had needed to make a lot of decisions in one case, she had not been able to build the sort of relationship she wanted to with the young person:

I think Natalie would say my role has been sorting out her contact with her Mum and Dad probably and getting her placement. And it has felt like that rather than a lot of relationship building. I haven't had a chance to do much of that. (Social Worker 2)

This implies, when a social worker has primarily taken a decision-maker role, it can disrupt relationship-building. Another social worker also indicated the role to make decisions can be a barrier to building good quality relationships:

Making decisions can be a barrier.
In what way? (Researcher)
I/they say no sometimes
Sorry, you say no, or other people say no?
I say no yeah. I say no to things like, like funding or assessing the risks, yeah, things like that... (Social Worker 5)

Therefore, making decisions about children, especially when they might not like the decision made, seems to be a barrier to relationship-building.

Most of the social workers identified, while decisions were usually taken jointly with others, children in care perceive the social worker as the 'face' of decisions made:

And you don't always make decisions on your own. We do a lot of team around the child meetings, so we're not making decisions on our own. But kids don't see that. It's you. You're the one that's delivering the news and you're the decision-maker, you're the nasty one. Sometimes I let them think it's my manager [laughs]. (Social Worker 2)

So, while the social worker does not always make decisions alone, because they usually communicate decisions to children, they can be perceived negatively. This social worker also talks about trying to overcome this by deflecting blame onto their manager. However,

this strategy could have the consequence of reducing trust between the social worker and the child.

Not all the social workers felt being perceived as the primary decision-maker was negative, one thought it was helpful to the child to have one main contact in relation to decisions being made about their lives:

I think that is the team around the young person, that the young person doesn't necessarily see, then they see the face of social care being their social worker, you know, so they always have one identified person to go towards, but there is a whole team making those decisions around kind of placements and things, but I think it is helpful for a young person to have that one identified person. (Social Worker 6)

This suggests it is not necessarily the role of decision-maker that gets in the way of relationship-building, but instead the quality of the relationship that exists between the child and social worker impacts on how decisions are made. Therefore, rather than making decisions about a child, a good relationship can support social workers to take a facilitator role.

Facilitator

Some of the social workers talked about facilitating children to make their own decisions as part of their role. As previously discussed, facilitating children to make decisions is linked to the UN Convention on the Rights of the Child (United Nations, 1990) and underpinned by the Children Act (1989). Despite the centrality of taking a facilitative approach, supporting children to make their own decisions was mentioned less by social workers than making decisions on behalf of children. Just under half of the social workers talked about facilitating children to make their own decisions:

Building a rapport. Keeping the child at the centre. Helping them to make informed choices. (Social Worker 5)

Having a good quality relationship seemed to support facilitating children to make decisions, rather than making decisions on their behalf:

It's pretty important that you try and establish a good relationship. Because you're asking him to do a fairly difficult thing. To beat between foster carers who are very... who he's attached to, who are attached to him and he's safe, to going back to a mother who's unsafe, requires a lot of, a sort of a level of trust really to, that he trusts me to, to enable him to do that. And also, to listen to him (Social Worker 1)

One barrier to social workers taking a facilitative approach was concern the child may make an unwise decision, as outlined by this social worker:

Natalie is saying she wants to move to a school nearer home, but we're saying, until a second placement has moved in... we don't want to do anything. We want to make sure this is really working, you've only been there a few months, we want it to work longer before you change schools. (Social Worker 2)

In this case, the social worker is not supporting the child's decision because they are mindful of the overall stability of the young person and worried that, if the placement should breakdown, they will have experienced another unnecessary changes within their support network. Therefore, in this instance, the social worker is listening to what the child wants to happen, but not acting on it.

However, taking a primarily facilitation role did not exclude social workers from sometimes having to make decisions children did not like:

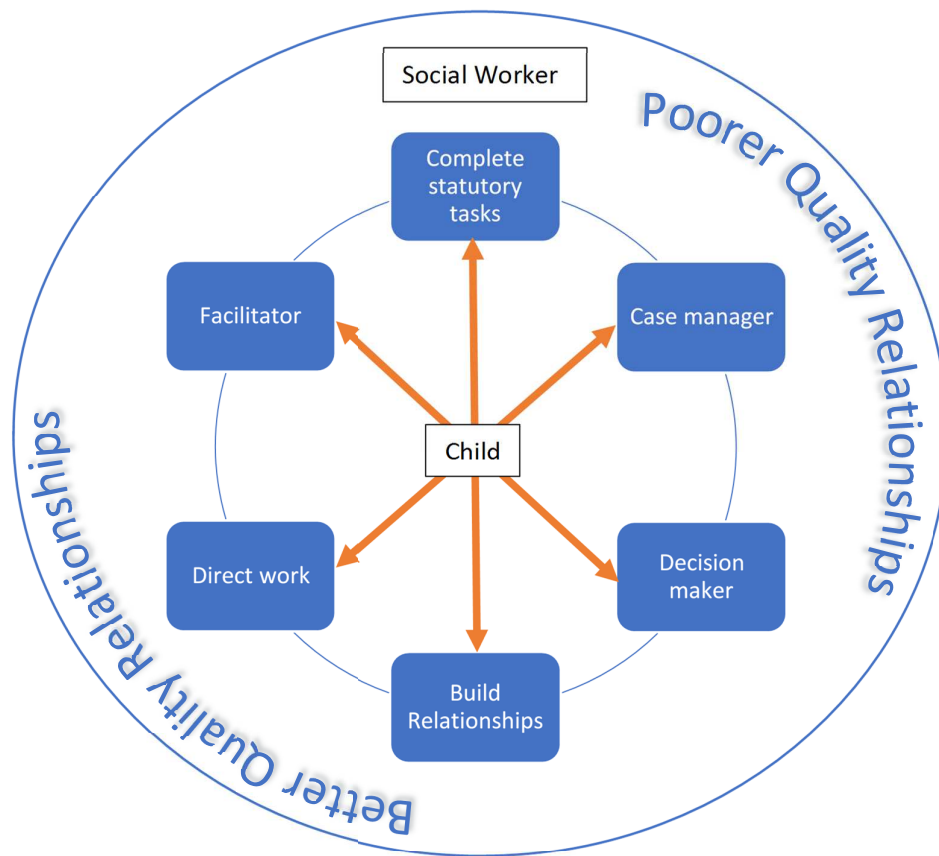
...there have been occasions where we've had to say, as a result of what's happened, you know you didn't come home that night, actually you can't stay out tonight. So potentially that's me showing that she can't be trusted, but then it's also about assessing risk. But it's also about assessing what's happened in the most immediate area. So, if that was 6 months ago, everyone needs a chance to rebuild, but re-trusted, you know to try again. I'd bend over backwards for Nicola to try and try and try again... (Social Worker 6)

As this example shows, in an instance when the child was putting herself at risk, the social worker needed to make a decision the young person did not like to keep her safe. However, this decision was made in the context of that situation, without putting blame on the child and giving them future opportunities to build trust back up again. This suggests that it is possible to make decisions children may not like in the context of a good and trusting relationship.

Conclusion

All professionals perceived that aspects of the social work role can conflict with each other. While there was some crossover between these areas of conflict, the primary roles in conflict with each other seemed to be relationship-building and completing statutory tasks, direct work and case management, and decision-maker and facilitator (Figure 9). Relationship-building as a task was primarily in conflict with the social work role to complete statutory tasks. However, having a good quality relationship was identified to be the main mechanism that could mitigate between the areas of conflict in the role. For example, having a good relationship meant the social worker was more likely to take a facilitator than a decision-maker role. In the next chapter I will explore the supports and barriers to relationship-building in practice.

Figure 9: The social work role with children in care according to social workers and managers

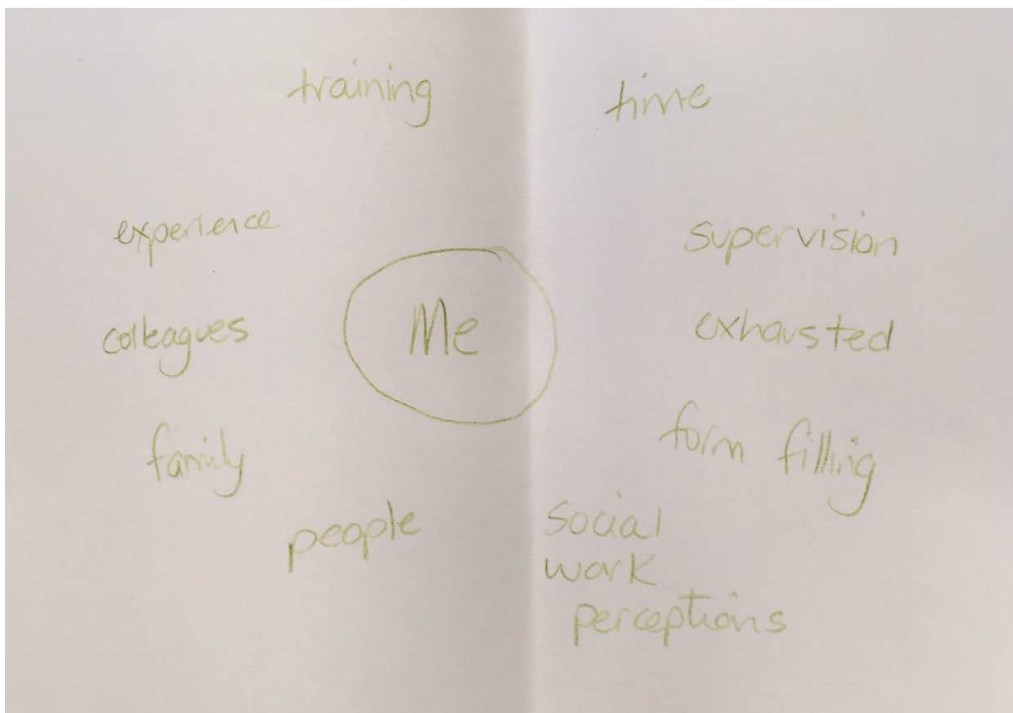


7: SUPPORTS AND BARRIERS TO RELATIONSHIP-BUILDING IN PRACTICE

Introduction

Having established relationship-building as one aspect of the social work role, this chapter explores what managers and social workers perceive supports and are barriers to relationship-building in practice. I asked the six social workers to create a map to explore what either helped them or prevented them from building a good relationship with children. An example of one of the maps drawn by a social worker is in Figure 10:

Figure 10: Example map drawn by social worker



This social worker discussed a mixture of contextual issues that supported and prevented them building good relationships with children; training, experience, colleagues, family members and good relationships with other people in the child's support network supported relationship-building; negative perceptions of social workers, time, supervision, exhaustion and form-filling were identified as barriers to relationship-building. By reviewing all the ecomaps, I identified the following themes, which seem to either support or be a barrier to relationship-building; caseload, place, team, manager, supervision, personal life, career, staff benefits, experience, training, paperwork, resources and role in system. This chapter explores these themes to analyse how they influence relationship-building in practice.

Caseload

The sample of eight social workers reported caseloads ranging between 14 and 30 cases, with most reporting they held 20-25 cases. One manager identified social workers on their team held an average of 24 cases and reflected on how this impacted on the amount of time social workers could spend with children:

So, each social worker has 24 children. There is a plan, its recognised that's far too high, it gives them an hour a week to commit each child.

Is that face to face time? (Researcher)

No everything. For all paperwork, for travelling, for absolutely everything it's an hour. Most of our kids you can't get to in an hour, there and back, just traffic, and a lot of our children are out of authority. So, 24 children, less than an hour a week it works out at to look after them. (Manager 2)

Most social workers linked the total number of cases they held to the amount of time they could spend building relationships with child and all participants perceived high caseloads impacted on relationship quality:

Time sometimes. I know that now I've got a higher caseload I sometimes struggle to build relationships. (Social Worker 8)

Participants who had been working for over five years with children in care said they hold more cases now than they used to:

...there may be a difference of opinion between social workers and the department as to what is a manageable caseload. And so, our cases were 14, now they're 20. (Social Worker 1)

Two professionals made a link between austerity measures and higher caseloads:

There isn't the resources and the government cuts and cuts and cuts until we have less and less and less... (Manager 2)

Despite rising caseloads, there was a perception that social workers are expected to maintain the same quality of work with children:

...well I think there is not the money to go around at the end of the day. I think everyone in the public sector has got the same sort of stresses and strains. Everybody wants the same standards, and the standards have to be maintained. So, it's a struggle. (Social Worker 1)

Therefore, rising caseloads were identified to mean social workers had less time to spend with children, while still being expected to carry out their work to the same standard.

Additionally, the complexity of cases was identified to impact on the time social workers have to spend with children in care. As one newly qualified social worker says:

So, my caseload is 17 at the moment... and whilst their needs change at different points. So, you know at times they might not need me as much because everything else is in place. Sometimes it can all go wrong at once. So, it's very much about caseload, capacity with my caseload. And also, about considering you have one case and it can take up all your time, so I'm not sure how I would word that, because that's not about numbers of cases that's about... I'll put intensity. (Social Worker 6)

Hence, the number and the intensity of cases can interact with each other to influence how much time social workers can spend with children. For example, one social worker identified children experiencing placement instability need more social worker time:

So, I've had a stable caseload until about a year and a half ago, and now a lot of children I work with, about 6 or 7 of them, have hit their teenage years and into secondary school, and I've had a number of placement breakdowns that are very time consuming. (Social Worker 1)

Therefore, it appears the more complex a case is, the more time a social worker needs to spend with that child. A few participants perceived cases are generally more complex now than they have been in the past:

And I also think that some of the cases are a lot more complex than they used to be. I think that when we look at self-harm, you know, whether it's mental health or behavioural, that makes a massive difference. (Manager 1)

If this perception is accurate, the increasing number and complexity of cases could combine to influence the quality of relationships. If the complexity of cases is increasing, then the perception is social workers need more time to spend with each child. Yet, because caseloads are increasing, they have less time to spend with each child.

Most participants reflected that time-limitations impact on the quality of their work:

I would like, ideally, I would like to see him much more. That's the way I prefer to work... having reflection, reflective time and reflective supervision and just having really thought out useful sessions as opposed to this rushing around like a headless chicken from one to the other, panicking, and managing crises really. And we're far too reactive, and that's not just me I think maybe as a profession, certainly in our team I think we react to crises, rather than doing what we used to do, nice proactive. (Social Worker 4)

When social workers do not have enough time to think about cases and plan effectively for each child they perceive they work reactively. Working reactively can lead to a spiralling situation across all their cases:

... rather than firefighting and, you know, being reactive. I find the more and more I'm being reactive the more and more delayed I'm becoming getting the things done that I wanted which means I'm reacting, and it literally is a spiral. (Social Worker 6)

Thus, the more social workers need react to crisis situations, the less proactive they become managing other aspects of their workload.

All social workers spoke about prioritising as their main strategy to try to manage large and complex caseloads:

Yeah, I've got a big caseload, but we all have so...

So how does that impact on your time with young people? (Researcher)

Just prioritise. Who needs you the most, what needs to be done the most. (Social Worker 3)

Due to the link made with austerity measures, there seemed to be a perception that social workers needed to accept high caseloads and find ways to manage their time more effectively:

I think you have to be prepared to accept that that's the nature of how things are at the moment. I mean, you can see it all over the public sector, outside the public... outside of the local authority. It's not just us. So, you just have to do whatever you can do. (Social Worker 1)

Responsibility seems to be being placed onto social workers to manage their time more effectively. For example, I asked one manager whether, due to rising caseloads, social workers have enough time to build good relationships with children:

Yeah, I do. And I think social workers have to make that time. I think you have to put the visits... So, you have to prioritise... And I think that's what we have to do, and I think that's what social workers have to do. And I think that caseloads are high, I think they'll probably continue to rise, I don't think we're as high as some other local authorities, but I think it's about prioritising... I think what you need to do is you need to go into your calendar and make sure you book the time out for them... I hope I don't make it sound simple, but it is that simple, prioritise and put the kids first. (Manager 1)

Even though social workers all talked about prioritising their work, they also all disclosed working extra hours to get everything done:

Well you have to be very, very, very, very determined about your time management. About how you're managing time in your diary and what you are prioritising. You can't really leave anything that's the thing about it. So, you have to use a fair amount of your own time to get things done. I think that's the reality of it. (Social Worker 1)

The responsibility placed on social workers to manage their time was discussed by a few social workers, who perceived using their own time to keep up with work was being normalised:

Because every week I probably work an extra 10 hours that you just don't get paid for and you don't get a chance to take back. So, I don't think the senior managers take it

seriously enough. Like apparently our senior manager asked my manager how all of my case summaries, stat visits and chronologies were so up to date. And she said it was because it was because she has so much TOIL, and he was like, OK as long as the stats are good. And that comes in more importantly than how you are. (Social Worker 7)

The risk of this perspective is that it places the responsibility for making enough time for relationship-building on individual social workers, rather than the wider system.

Most social workers reflected on the impact on their own wellbeing of regularly working more than their contracted hours:

Caseloads, the expectations of caseloads. You know, I mentioned earlier about working hours, working from home, working evenings and weekends, and I think people are quite tired. (Social Worker 6)

I mean recently I've worked 3 Sundays just writing assessments and catching up on court paperwork and stuff after having had a week where I've worked from 8 o'clock in the morning until 8 o'clock at night, so that's not sustainable. (Social Worker 7)

Most talked about feeling tired all the time and were concerned this may not be sustainable. They were also aware tiredness could impact on their ability to carry out the role to the best of their ability:

I'd probably say my energy, how tired I am, how much I can invest, like when I go round there. Rather than just sit on the sofa, going how are you, anything you want to talk about, which you do sometimes, or whether you go in there and you're like come on show me your room, oh that's nice makeup, let's do this or whatever. If I've got the energy to do that all the time, I'd say that. (Social Worker 2)

Physical tiredness then is perceived to impact on the quality of the relationships social workers can build; when social workers feel less tired, they are more likely to invest in activities that can help build good relationships.

The emotional demands of the role can also impact on relationship-building:

And it's not just numbers, it's what's going on in those cases, so I might have just come back from a really horrible visit, you know when I left Natalie and she talked about being raped when she was 3... I came home, and all the way home I was quite depressed. If I had been going to see another child then, it impacts. (Social Worker 2)

In the longer term, the combination of physical tiredness and the emotional demands of the job could impact on emotional resilience:

I think the more pressured, the less capacity, the more we're under pressure. It's about your availability, the emotional resilience. And the less emotional resilience you've got it's hard to give it to other people isn't it? (Social Worker 2)

The nature of the social work role means social workers need to provide emotional support to others. However, if the social worker's own emotional resilience is low, they are unlikely to be able to contain the anxiety of others.

Large and complex caseloads can lead to social workers perceiving they are not doing their job well:

They're [caseloads] not manageable, no. So, it just makes it an impossible job. I think that social workers just feel they fail constantly. And I know it myself, and I'm saying, well you haven't done this, you haven't done that. It's just not manageable. (Manager 2)

Feeling as though they are doing a bad job potentially also has a negative impact on the emotional resilience of workers. Ultimately, physical tiredness and low emotional resilience was identified to influence the stability of social workers. For example, one social worker I spoke with had resigned:

...and it's just exhaustion. One of the reasons I'm leaving is I feel quite burnt out and so it's the work. The job affects me much more emotionally than it should do and it used to as well. It's just relentless, and there isn't time to get everything done. So, I'm constantly leaving work knowing there's something I haven't done that I should have done, and I've let somebody down. So, I take that home with me and I wake up at 3 in the morning and I lie awake, then I come into work exhausted, and I start my day apologising, I'm sorry I know I should have phoned you yesterday blah blah blah. And then, because I'm really conscientious and I work really hard and I want to do a good job and I know I'm not, and I know I don't have the relationships I should have, and I find that very stressful. So, all it takes for one something to be on the wrong day, say the wrong thing, and my resilience is fading away and like I cry on the way home or go home and cry, or yeah... So, I'm not in a good place really so I need to leave. (Social Worker 4)

This suggests, while social workers can build good relationships with children, despite organisational constraints, they might not be able to maintain this over the longer term. Lowering caseloads was identified by most participants as the most important change that could be made to support building better quality relationships:

Would I love lower caseloads, yeah, I would. Only a little bit, not much, just for that breathing time. I know cases can be complex and sometimes others not as complex, but as you know probably, they just go up and down, up and down, so probably if you had less, you'd deal with the crisis, but instead of being reactive you could be more proactive. (Manager 1)

Place

The physical location of the social workers' office and the placement location of the child were also perceived to impact on relationship-building. One local authority had a young person's room as part of their office complex, which children could drop into during office hours. This was perceived to help support relationship-building because older children were able to drop-in to speak to staff:

But she also knows that we've got an open-door policy. So, I've taken her to our young people's area, young people's room, now she's 17, I've shown her how to access the doors, how to get support, come in and make a cup of tea, and she's done that on a couple of occasions now. (Social Worker 6)

Conversely, when children were placed at a distance from the social work office it was perceived to have a negative impact on the relationship:

My relationship, my working relationship with Nicola is much different from the others because Nicola is one of the only ones in [local authority area]. I've got cases in [city, in city2, city 3]. They're not easy to kind of meet to spend time with. Whereas Nicola is, she doesn't know this, but she is like 10 minutes from my house. So being my first visit or the last visit of the day is quite easy. So, travel definitely impacts. (Social Worker 6)

Half of the social workers said that most of the children they worked with were in placements outside the local authority area.

Travel time was the main barrier to being able to relationship-building with children placed at a distance from home:

A lot of my kids are out of county, I did until recently have one in [county3]. That was an entire day just to do one visit, and that's not even writing it up. And I have to accrue like 3 hours of TOIL doing that. So that eats into your time a lot. (Social Worker 7)

Placing children a distance away from the local authority was perceived to impact not only on the relationship the social worker is able to build with that child, but also limit the time social workers could spend with other children. Regularly travelling long distances to see children can also impact on the social worker's wellbeing:

And we've got quite a few out of county kids. So last week I was out of county, didn't get home until about half past 12, 1 o'clock in the morning, so it can be quite... (Manager 1)

Team

All social workers said their colleagues support them to build good relationships with children:

So, what's positive, what helps me. I think my colleagues; we have a nice team. (Social Worker 4)

Various forms of team support were identified as important. Firstly, social workers could share ideas with each other:

Sharing ideas. I think that's a really important thing to have a team and maybe share the ideas with each other. It's about team building really. (Social Worker 5)

So one part of providing support is social workers can use each other to reflect on cases. Secondly, team members can model what good work looks like:

When you see good practice in your team your kind of really inspired to makes sure your practice is good as well. (Social Worker 7)

Therefore, by modelling good practice within a team social workers can be inspired to provide the same level of service children.

It was also recognised to be important for teams to be stable:

...having a stable staff team really helps, I mean having a stable staff team around you really helps. (Social Worker 1)

Having stability within the staff team means, not only that staff can provide each other with consistent support, but also that children are provided with stable long-term relationships with their social worker. Despite the importance of having a stable team, all the social workers said their current team was unstable:

Well, I say that, our team is changing because lots of us are leaving or have left. So, we've got 4 or 5 new people in the team. (Social Worker 4)

And about half of the social workers suggested instability within their team was increasing:

And that's always how it has been here, is that our team has always been a stable team. So, it's always been a long-term team, we have been long-term in post. That's just the nature, same as the adoption team, it's very stable team. And that's changing. And that's not good. I mean I've taken over cases and I've been their third social worker in a year. (Social Worker 4)

The perception then is that social work teams may be more unstable now than they have been in the past.

When social workers leave the team, it is perceived to have an impact on the morale of other workers:

Particularly because we've got a lot of people leaving our team. And when that happens team morale drops quite a bit... (Social Worker 7)

A few participants reflected that instability in the team can then result in further instability:

Especially if there's been a bit of change. We had a social worker leave recently and you just know after that it's not a good time to, even though they left for all the right reasons, change is change. (Manager 2)

So, it seems even small changes in the team can have an impact on the wellbeing of other staff and risk further instability.

The impact of changes in the team was particularly clear in one interview where a social worker discussed the impact of a recent reorganisation of the service:

Yeah, they reorganised the [deleted] service. So, they split us up into different teams and managers left and we had new managers and a new service leader... So that's why people have left, this is confidential isn't it, I mean that's why, it's not doable unless your held and supported and feel safe. Because things change, it feels quite chaotic, I mean decisions are made and it's reversed the next day, and it's all, it doesn't at all feel held. (Social Worker 4)

This suggests, to hold the uncertainty in the lives of the children they are working with, social workers need a work environment where they themselves feel held and supported.

Organisational restructure and change appear to disrupt this, then also risking further disruption and change within the team.

Agency Staff

Most participants questioned whether agency staff should be used in teams working with children in care:

I don't think we should use locums at all, I think that goes completely against the social work value base. We've got one locum in our team, we did have 2, but one got here in January and she just left without notice. So, she literally just dumped... Like, how could you do that? You literally wouldn't expect anyone to do that to your child, so how can you do that to these children? (Social Worker 7)

Agency staff were perceived to offer a poorer level of service to children than permanent staff, as explained by this manager:

I've seen agency social workers come and go, and you know what, some of them have been absolutely terrible and some of them have been really good, but good for what really? Good for the child? Good for moving the case on, probably, if there's

been some drift there, but not good for the child, not at all, not for having that relationship with the child, no. (Manager 1)

While agency staff can meet the statutory task aspects of the social worker role, the temporary nature of agency staff was perceived to be a barrier to relationship-building:

An agency social worker has just gone round doing social work in all the agencies and you've only spent 6 months here, 3 months here, and I don't know, even 8 months here. But do you actually give yourself over because you know you're going to be going anyway. So, are you going to give that bit which is what you need to give, because otherwise... (Manager 1)?

This suggests that to build good relationships with children in care social workers need to give something of themselves to the role. Similarly, one of the social workers identified that families are less likely to invest in relationships with agency staff members:

And families don't like it either. So that can be quite tricky. So even if they have done a good job and they have been here quite some time, you pick up a case and they're like, oh he's just a locum. And they already don't like that he's temporary. (Social Worker 7)

An agency social worker interviewed also acknowledged, knowing their social worker is going to leave, can influence how much children are willing to open-up about their feelings:

Obviously because I was new in May and she knows I'm leaving, that I'm an agency, she sometimes doesn't talk, isn't as open. (Social Worker 5)

One social worker suggested local authority policies on recruitment can mean permanent posts are not filled quickly when social workers leave, resulting in agency staff being used to meet the organisations, rather than the children's, needs:

Yeah, I think it's about organisation needs, I think it's about you know funding and recruitment. We don't recruit very quickly so then we bring in agency, and the agency leave, and we have another worker, and it's about retention. (Social Worker 6)

Thinking more about how to retain social workers in children in care teams and recruiting for permanent posts as soon as they become available, could go some way to reducing the need for agency workers. Local authorities could also reflect on whether agency staff should be used in work with children in long-term care for whom stability is important.

Manager

As well as the stability of colleagues, social workers discussed the stability of their management team:

If you can have a stable management team that really helps. So, we've just recently had a change of management, senior manager and manager, so...

And how is that impacting would you say? (Researcher)

I think for me, though the senior manager's knowledgeable, and the manager is new, they're both finding their way through what we do. Whereas before we were very lucky because we had a very knowledgeable agency manager and the senior managers were very much from children looked after backgrounds so... (Social Worker 1)

Here, both the stability and experience of the manager seems to be important. Another social worker reflected on the impact of having an inexperienced manager:

And our manager is not an experienced social worker, certainly in our old team she was the least experienced social worker, and she's lovely, but she's learning. And she's going to be a great manager, but she's struggling at the moment, she hasn't got the experience yet to do it all. And supervision is falling by the wayside. And she's learning, and her lack of experience, I mean she's not done lots of different bits of social work jobs, so that's been difficult. (Social Worker 4)

This suggests managers need experience of all areas of children and families social work to provide effective support to their teams.

Social workers also identified that managers need to be emotionally resilient. When managers are under stress this was perceived to impact on their capacity to contain the stress of workers:

And the less emotional resilience you've got it's hard to give it to other people isn't it. And that's top down, so you see it in your managers, if they're not available for you because they're getting loads of stress it's just, you can see, you can see it happening. (Social Worker 2)

Therefore, stress seems to transfer and down the system levels. If a social worker is stressed, they need their manager to contain their anxiety so they can continue to work effectively. However, if a manager is feeling stressed it is harder for them to effectively support the worker.

The expectations managers set for their teams were also identified to be of potential importance:

I think that sometimes expectation. So senior managers particularly might be like, so on your next visits I want you to ask when they went to the dentist... (Social Worker 2)

As already discussed, senior managers were perceived to focus on meeting statutory requirements and direct line managers to directly influence how social workers prioritise their time:

I'm just trying to balance it in my head with management role, and I think that that's where it's my manager's role to help me balance the relationships, and helps me go, remind that this is about managing and moving forward her care plan, and building on those relationships that she already has, and that are existing and are more long-term. So, I guess my manager helps me to direct the time that I have available for Nicola appropriately. Yeah, so directing my time. (Social Worker 6)

In the last chapter one manager was identified to be more tasked-focussed, which potentially means social workers in their team will prioritise completing statutory tasks. One social worker also spoke about the role managers play mediating between senior managers and social workers:

Stats, being on top of your stats... Our manager, who gets pressure from the senior manager. But sometimes I think she should stand up to him a little bit more. (Social Worker 7)

Therefore, this social worker perceives their manager could be more effective in advocating for relationship-building over task completion with senior managers.

One manager recognised their potential power to create a culture on the team that promoted children's wellbeing and relationship-building:

Yeah, because you can have so much power as a manager to set the standard of what you're expecting. And if you're just a little bit like, well they're just kids in care, if you don't recognise the importance. Most probably not as important as the social worker and the child but it's the next step really, because otherwise they won't do it. (Manager 2)

For this manager relationship-building was at the centre of what they asked their workers to do:

Plus, it's my mantra, so it's culture, that actually this is one of the most important things. And really, if you don't want that, you need to be in another social work role other than this one. Because children they've experienced adversity anyway. Our job is to get them to be adults who can have a relationship, can have a job, can, at the very least, right up to a PhD. So that's my mantra, because it's not an option to do it another way. (Manager 2)

Therefore, it seems managers can influence how social workers prioritise relationship-building in relation to other aspects of their role.

Supervision

Most social workers were dissatisfied with the supervision they were receiving. For example, one social worker thought they were not receiving supervision frequently enough or there was enough time devoted to it:

I'll put supervision in brackets, I feel that's more of a tick box exercise. Because we don't have enough time for it, especially because I talk so much... Because we end up cutting it short and say we'll talk about it next time. And then it's like a month later and I'm like I can't even remember what we talked about now... I mean the other managers really good, they'll block out like three hours for supervision, whereas mine does not. (Social Worker 7)

This social worker was therefore getting more ad-hoc than structured supervision:

I don't get formal supervision; more informal chats I'd say. So, like yesterday we were in court together for a really complicated case and it's almost like banter. (Social Worker 7)

While this social worker valued the ad-hoc supervision they received, they would like more formal time devoted to supervision.

Most social workers were seeking more emotional support from supervision:

And that's why I find my supervision not helpful. Because that's what I have got from supervision in the past. Me feeling held, because I do, I hold... And my partners a social worker too, and he comes in from work and it's gone, he doesn't hold it in. Whereas I do hold it all in, and I worry about it and I think about it and I mull it all over and I need supervision to get rid of that. (Social Worker 4)

This social worker discusses how she would like to use supervision to help relieve some of the emotional stress she is holding. Another social worker identified they did not feel emotionally held due to the style of supervision:

So, I think my new manager doesn't give reflective supervision. Doesn't give you much chance to explore things like this, or explore how that felt when Natalie disclosed, its very task focussed. She'll say what's happened with Natalie, I tell her, right do this, it's very de, de, de, de, de. That's not always very helpful, sometimes it is if you're in a rush and it suits you, but sometimes you just need to talk. (Social Worker 2)

Social workers then seem to be seeking a reflective style of supervision within which there is space to talk about the emotional impact of the work.

When supervision is task focussed it did not model the style of relationship-based practice the social workers recognised as important to support relationship-building in practice:

And also, supervision is a barrier because we don't have the supervision we need. I don't have the supervision I need, I should speak for myself. I don't get the supervision I need, because it's all modelled isn't it. And I feel that I need to feel understood and looked after and helped to think through the relationships and that's not the supervision I have. I have supervision that is very much about process, has this been done has that been done, and there is no element of the supervision at all

that's about me or about my relationships, relationship stuff isn't ever discussed, so that's a huge barrier for me. (Social Worker 4)

Therefore, to be able to develop good quality relationships with children in care, social workers seem to need relationships to be valued and modelled within supervision. However, most social workers were dissatisfied with supervision as they felt there was not enough time devoted to it and a task focus meant their emotional needs were not met.

Despite social workers reporting supervision did not meet their needs, both managers felt they provided a reflective style of supervision:

And supervision's massively important. And, it's about trying to make that time. And we've just done a changeover with supervision to make sure... I've just done supervision training which was great. I just think that, it seems like a small thing, but it's massive, supervision is everything to me. It's everything, because it's not just about case management, you know, it's about your social workers coming in and then, you know, half-way through supervision being able to swap hats and just be themselves and have some reflective supervision, even though I would argue you can't have supervision without there being some reflective elements in there. (Manager 1)

Therefore, there might be a mismatch between the style of supervision managers think they are providing and the style of supervision social workers feel they are receiving.

Personal Life

Most social workers recognised they needed to try to find a balance between their work and personal life:

*Not taking it home! So, a balance between your work life and your home life.
And is that easy or hard? (Researcher)
It's hard, yeah.
And why is it hard?
Because you so easily take it home, you get attached. (Social Worker 5)*

This suggests social workers can become attached to the young people they work with, which makes keeping a balance between work and home harder. When social workers have support in their personal lives it seems to help them manage stress at work:

My son actually, my two sons, 16 and 15, they're good. But that's at home, but you know I come home, and they say have you had a good day and I might be stressed, or I might be anxious. (Social Worker 3)

Conversely, when there was stress in their personal lives this was perceived to impact on their ability to manage stress in the workplace:

You see that's why I've really struggled this year; my partner was diagnosed with cancer this year and then my best friend died of cancer since October half-term last year. So, I think that's why I'm just not able to deal with it. And I haven't had any time off work apart from when my partner had his operation. So, I've felt like I've just been trying to keep things together, just keep going, it's just really hard. So, any slight, and I know that they were big things, but just a bit of disturbance, anything that rocks the equilibrium, makes work really difficult. There's no room for any slack and you just have to keep going, keep going. (Social Worker 4)

Because of the intensity of work, when things are stressful at home, there is no 'space' in their work-life to be able to take any time to deal with stress outside. Therefore, it seems the stress is more likely to become overwhelming if social workers are managing stress at home and at work.

One manager discussed how social workers' personal lives can impact on the team and relationships with children:

But I think it can be hard, you know, even when, and this sounds awful, and you're taping me as well, but even when you have a social worker go off on maternity leave, you know they're gone for a year. A year's a bloody long time in a kid's life, it's really hard. And I think that's, I never really realised, but now as a manager, even that lays heavy on my heart. I'm really happy when someone says they're pregnant, it's the most fantastic thing and it's wonderful. But I can't help, it flashes in my head, oh my god, you're going to be gone for a year, you know, somebody else is going to come in for a year. (Manager 1)

Managers seemed to expect social workers to make a personal commitment to stay in the team for several years:

I think that if, as a social worker, I think if you take a job with a team, I think it's important that you say to yourself you're going stay with this team for 3 or maybe 4 years. I think you should really make that commitment before you take that job. Because I think if you're not committed and you move then that's another person in and out of a child's life, who've already got already got people coming in and out through this revolving door anyway. (Manager 1)

Many of the social workers I spoke with did express this level of commitment:

Because, so I've only been in the team 2 years, and probably Jack is one that I think about most often if I think about moving on. Because I know I want to be a manager, I don't want to wait for ever, and I think, OK, so Jack's 10 so maybe in 8-10 years' time, so I kind of figure it out like that. Because I just don't ever want to let him down. (Social Worker 7)

Career

The commitment social workers show to the children they are working with can impact on their career development. Half the social workers I spoke with were putting their own plans

for career development on hold, recognising the potential negative impact on children if they choose to move on from the team. However, as one social worker identified, this level of commitment can go against the normal practices within their organisation:

And also, I think that within social work in certain areas people are encouraged to develop and to move on and to move forward. Which you know, if you are in another team and you stay for 2 years, that can work quite well. Whereas these children and young people they could be looked after for 5, 10, 15 years. So actually, if someone's moving on every 2 years that's a big change, that's a lot of social workers. (Social Worker 6)

While moving social workers between teams is perceived organisationally to support career development, for children it can result in instability of social workers.

Thus, while moving social workers between teams can mean improved retention of social workers within the local authority overall, it might also create further instability for children in care:

That we do, you know every local authority now is looking at retention through continuing professional development. Although with continuing professional development that also means that you might stay within a local authority but you're not going to stay within that team, you know. (Social Worker 6)

This suggests retention policies could be reviewed to prioritise stable relationships between social workers and children in care. As suggested by one manager, this could help promote a culture in the local authority where working with children in care is viewed as a long-term commitment:

So, if you're going to work with looked after children, you're making a commitment. Don't just go and work with looked after children because you want to go travelling or you want to work in the areas, don't come and use looked after children as a stepping stone, because we really do need to try and get long-term social workers to work with long-term looked after children. (Manager 2)

Staff Benefits

One of the managers discussed how benefits offered to staff can be a barrier to staff retention and therefore stability of relationships:

And there's not a lot to hold on to staff, 2 neighbouring local authorities are all offering more money, golden handshakes, lower caseloads, better working conditions, free coffee and tea, and you're up against it. You just think, [City] used to be the best place to work and we're dropping off a bit. (Manager 2)

While competitive salaries were one aspect of retaining staff other factors, including working conditions, were perceived to be important too. For example, simple gestures such as

offering staff free tea and coffee were perceived to support staff to feel valued, something which this manager provides her team out of her own money:

I just like them to feel valued, because it's a job where quite often you're not feeling valued. I buy them tea, coffee and stuff and biscuits, all those little things that I think make a difference. (Manager 2)

In a similar way, one social worker talked about how receiving an email praising their work helped them to feel valued:

I'm quite lucky though because the senior manager and the deputy DCS have recently recognised my work and emailed me to say congrats and this is really good... So, I feel less like I have to prove myself now, because I have proved myself a little bit. (Social Worker 7)

So, valuing social workers through benefits, working conditions and recognition of their work could potentially help staff retention.

Experience

Having experience was perceived as positive by those social workers who had been in the team for several years:

There's other people, who are long in the tooth like me, who have got a lot of experience and know what's required and can see the signals and can work their way through all the different things. So, you've got to have some grounding in child protection. You've got to have some grounding in rehabilitation in my view. And you know some understanding of court processes, how to do them and how to write court reports. (Social Worker 1)

Social work with children in care was perceived as complex by most participants, who suggested social workers needed practice experience in child protection, court work and knowledge of research to do the job well.

While most participants thought experience helped them in the role, analysis of one set of interviews between a matched social worker and manager suggested experience may not always be valued in practice. I have changed some of the content of the extracts below, and removed the usual anonymous identifiers, due to the risk of identifying participants by cross-referencing the content. In this case, the manager talked about supporting a social worker to leave the team:

I think my social workers come to me regularly and say I'm tired I can't do this anymore, and sometimes you have to support that social worker to move on if that's what they need to do, because it doesn't mean that they're finished, it just means, you know what I can't do this anymore, but maybe if I could go ahead and try something else I think that's the best thing to do. I've only been in that kind of

position once and you know we managed to work it out and that social worker is moving on now, so...

In the interview with the social worker the manager is discussing, rather than wanting to leave, there seems to be a sense of regret:

And you know it makes me feel really sad because I've only ever been a social worker and since I was 14 that's the only thing I've ever wanted to be. I loved it... and I feel really sad that for the first time I would put people off becoming social workers and I just can't feel any joy in it really. And I don't know what else... because I've never done anything else...

This experienced social worker seems to be describing a sense of loss of her professional identity, having decided to leave. It seems that perhaps the manager perceives that experienced social workers can become tired, and rather than finding ways to support them, it is easier to counsel them out of the team. This seemed to be supported when the same manager spoke positively about newly qualified social workers (ASYEs):

And I like ASYEs because I know that you can keep, you know that... ASYEs, you know, amazing, you know, they're not tired, they can still have that creative streak which is important. Also, you know they want to stay, you know they want to finish their ASYE, that's fantastic you know. To be able to have new... so I know they'll stay, and they'll have that relationship.

This suggests that newly qualified social workers may be being valued more highly in practice than experienced workers.

Training

Social workers recognised training was important to do their job well:

Nothing stands still. You know in thinking and research, you've got to be on top of that, and your training and if you've got particular interests like, you know EPP therapy then you follow it up... Because you can use all those tools and so you've got to be prepared to go and learn new tools. (Social Worker 1)

Participating in ongoing training helps ensure social workers have the skills and the knowledge they need. Most participants felt they were provided with enough training, for example, this social worker discussed taking on more training than required:

Well, my ASYE itself isn't masses but because I'm newly qualified I'm taking on as much new training as I can. So, you know I've got three days booked for non-violent resistance training, I've got three days booked for dyadic developmental psychotherapy. And all of that is kind of in the next three months. (Social Worker 6)

Only one participant reported that they did not have enough time to take part in training:

I think it's really tricky isn't it because I would like more training but there's not always the slots I can fit that in. (Manager 1)

While most participants perceived they had enough training, they were concerned there was not enough time to put skills learnt in training into practice:

I would like social workers to get the opportunity to do more therapeutic work. But you know a lot of them on training, you know, DDP and PACE and whatever, you know picking up the training. But there's a difference between understanding it and actually being able to you know take time out and play with it a little bit, I think that would be great... (Manager 1)

Another social worker talked about how they had recently undertaken a year's training in family therapy and had hoped to be able to transfer this learning back to the workplace:

I would like to be able to work more therapeutically, but I had hoped that when I came back when I had done that course that I would be able to use my therapeutic skills in this work, but you can't, you can't open something up and then say I'll see you in three months, it's not fair. If kids open and then they don't see you... (Social Worker 4)

Therefore, the frequency of visits, and the amount of time that social workers can spend with children, seems a barrier to putting skills learnt in training into practice.

While in general social workers appeared happy with the range of training opportunities they were offered, both managers reported they had not had enough training in the management aspect of their role:

I've never had any management training; it always gets promised. I don't think I've been missed purposefully, but there are lots of managers and it's a big authority so there's only so many people that can do it. No, so I just sort of made it up from being managed mostly, what I liked, what I didn't like. (Manager 2)

As identified above, managers in children in care teams need to be experienced children's social work practitioners. In addition, they are taking on new responsibilities for managing team members, including issues such as recruitment, sickness, and supervision. Therefore, expertise in the work is not enough, they also need to be provided with the skills to support their team.

Paperwork

Those social workers and managers who had been qualified for over five years observed there had been an increase in the administration and paperwork they were expected to complete:

And it's an awful lot more form-filling. Despite that huge push to reduce time spent and more face-to-face it's absolutely gone the other way by some percentage.
(Social Worker 4)

Some of the increase in paperwork was linked to carrying out more single assessments than they had been required to in the past:

But also, we've had, we're having a lot more assessments than we were, a lot more single assessments to try and move things along. (Social Worker 1)

The requirement to complete single assessments was different in each team that participated. In one team social workers reported completing a single assessment every time they made a change to the care plan:

And I think we had a new service leader, and you know people have different processes and different ways of working, and she's quite into, if we make any changes, a huge assessment has to be completed. So, we end up repeating ourselves doing these assessments over and over, it feels like it. (Social Worker 4)

Whereas, in another team, there was a requirement to complete a single assessment annually:

So, every year the child has a yearly assessment and that looks at how they get on... It's the children and family's assessment. It takes about 1 hour 2 per child... I think it's good for children to have an update on the plan, and it can help with a care plan. But I think in some ways they don't help. Supervision and reflection on the child in supervision helps. (Social Worker 8)

So, rather than being a government requirement, the decision about when a formal assessment needs to be completed seems to be made at a local level. As social workers perceive they are completing more formal assessments than necessary, local authorities could review these requirements.

The perceived increase in paperwork was also linked to a decrease in resources available:

I do think commissioning wise... I think we're really struggling. I don't think it's just us, I think it's nationwide. I don't think there's enough carers out there, you know not at all. You're looking for a placement, and I remember sat here one day and there's something like 35 other people that are wanting that placement as well. (Manager 1)

A lack of sufficient placements, and more competition for resources, were perceived to increase paperwork requirements:

I'm just doing a secure referral. Now the social worker and I, a very good social worker, we sat on Friday and probably spent a good 3 hours filling out that 22-page referral and we sent that off. And then this morning it's come back because there are a couple of things missing. And you know that's taken up most of my day, and the documents that they want to support that. And it all ties in doesn't it. And I know that they need that, and I know that I need a secure placement, and I know that there are 22 other kids at this moment in time for that same placement. And you know it can be... and the paperwork is incredible. (Manager 1)

Therefore, it seems competition for limited resources could result in more complex referral paperwork. Most social workers talked about the paperwork required to get access to the limited resources available for children:

It's a phenomenal amount of negotiating to get the resources on board and to negotiate with those resources. But it's also a phenomenal amount of filling in forms, you have to know how to fill in all the forms to get the resources [laughs], to get to the right places, to get you know. (Social Worker 1)

Social Workers reflected on the additional work required if they need to access private or voluntary placements. For example, one social worker spoke about needing to apply for funding through a resource panel:

You know we have to go to panel every now and again to get funding etc. for placement, and we have to do it. But I always make sure that I have a good plan before I go in, everything is up to date, like before going in. You obviously get questioned on your reasoning, and I just say that this is the only possible thing we can do. (Social Worker 3)

However, it is not only getting the initial funding for these resources that needs to be considered. Social workers also reported returning to these panels to review initial funding agreed:

So, a lot of cases you'd go to panel might be about financial, about out of county placements and then they monitor all of those. And so, you have to go to panel every 6 months or so to review them. (Social Worker 1)

The time social workers need to prepare information for and attend a panel is likely to reduce the time they can spend with that child. Therefore, it seems the time taken to complete referrals for limited resources may impact on the amount of time that social workers have for relationship-building.

When discussing what could help support relationship-building, one manager identified employing someone to carry out administrative tasks could release more time for social workers to spend with children:

And I'd love somebody, just one person to sit in our team permanently and just do admin. Just to ask, just do that passport, just do that, I know it might be a really boring job for that person but hey it would free up, it would be absolutely amazing. More time, always more time. (Manager 1)

Resources

Most participants perceived resources available to support children in care are reducing:

Well it's just, it's resources. There isn't the resource and the government cuts and cuts and cuts until we have less and less and less. (Manager 2)

For example, one social worker talked about cuts to mental health services restricting the number of children who could access services:

...we've got a consult team, which is a therapeutic team, that sits within the building. So, we're able to... so most of the kids I work with are under consult, so I will have consultations about them. And they've had a difficult time with cuts. (Social Worker 1)

Cuts in other services had an impact on the range of tasks social workers need to perform. For example, one social worker talked about how cuts in education have resulted in extra work for social workers:

And now on top of that there's other things, so there's the other roles that come along. So, we used to have a virtual school who used to do all our work with the schools with us, alongside us, all the PEPs, the personal education plans and movement of schools, identifying schools. We've now changed over, due to cuts, it changed over to an electronic system. And we don't have the virtual school and so now we make the applications to schools, make visits, sift through schools, and negotiate with schools. So that's a new thing. So that's challenging, that's proving challenging. (Social Worker 1)

Another social worker spoke about how cuts have resulted in social workers being expected to take on a specialist role with children at risk of Child Sexual Exploitation (CSE):

It's like recently, for children who're at risk of CSE, we've gone from having [charity] as a resource to call on to do work with the young people to saying, actually no they're going to equip you, they're going to do a consultation with you, and then you've got to do the work. And it's just, you take on so many roles... So, I would prefer we were just social workers, and not trying to be specialists in all areas. I know that's a resource issue. (Social Worker 7)

Therefore, in addition to taking on additional and more complex cases, cuts in other services seem to be increasing the range of tasks that social workers are expected to complete.

It was not only access to other services. One manager discussed how a shortage of financial resources within the team can impact on social work visits:

But mostly see them on their own, do something nice, that's free.

Why free?

Well because there's just no money, there's no money. There's, resources are so tight, we just have to make the most of what we've got. So, we do... It's like being, I mean it's all austerity, but it is like being in poverty. So, you're trying to parent these children and be as creative as possible, because you don't have access to any money. (Manager 2)

This suggests that the variety of activities a social worker can carry out with a child, to build and sustain a good relationship, is being limited by the financial resources available.

Role in System

Having clarity about the social workers role in the system was also identified to be important to support relationship-building:

What helps is when me and her foster carer work well together and there's no splitting, (Social Worker 2)

Most participants said there can be confusion about roles in the child's support system, mainly between foster carer and social worker roles. For example, this social worker perceives foster carers should take more of a parental role in children's lives, particularly in relation to day-to-day decision-making:

...like some foster carers are reluctant to even let them have sleepovers without asking you, and I'm like what?! Surely, what would you do for your own child, you'd ring up the parent, is it OK, have you talked, you know that kind of thing. So, I think when that works well, and the foster carer acts as a parent and you're the social worker, that works well. (Social Worker 2)

However, role clarity is not always straightforward in practice, as indicated by the same social worker who also gave a specific example about what happened when a foster carer did take day-to-day decisions without consulting them first:

...when Natalie [child] got there, I didn't feel like Jessica [foster carer] was always being honest and she made decisions, like Natalie going on Facebook, Natalie having a mobile phone, what else did she do? There's something else she did but she didn't ask, and I didn't feel she knew Natalie well enough to make those decisions and actually that there's a lot of history about Natalie's vulnerability that I would have wanted to slowly introduce those things. But, so, we had a bit of a... a ding-dong I suppose. (Social Worker 2)

So, even when a social worker believes hypothetically foster carers should take more of a parental role, in practice they were unhappy when the foster carer did so.

Some participants perceived that foster carers' reluctance to take decisions was based on the power they think social workers hold:

...And I think some foster carers say you need to talk to your social worker for that, and I think children and possibly foster carers and families as well, believe the social worker to be incredibly powerful and to have a lot more power than they really do have. (Manager 2)

The main areas of uncertainty about roles seemed to centre around day-to-day decisions about the care of the child:

We don't use, as much as we should, delegated authority. A lot of the time it's talking about who should be doing something rather than people just doing it because we haven't got it written down. That's getting better, but I think it will help. You know, spending hours talking about who can stay where and who can do what and who should be driving them here there and everywhere and can they get their hair cut. (Manager 2)

So, while there is guidance in place that could be used to delegate more responsibility to foster carers, it does not seem to be being used effectively in practice.

The lack of clarity about parental roles was discussed in more detail in other interviews. Reasons for the social worker to take a parental role appeared to be based on a perception they hold ultimate responsibility for children's welfare:

Because if a placement breaks down, if things are kicking off, then we're everything. We're the social worker, we're the parent, you can't pick up the phone and say I'm sorry it's not happening. There isn't anybody else. If the foster parent won't have them home and there aren't any other placements then you're looking after someone on the street until 10 o'clock at night, until they find somewhere. (Manager 2)

This suggests, in situations where a child is not in a settled and stable placement, the social worker may be the only secure part of the support network and consequently need to take the parental role. This infers that, while other parts of a child's support system may be able to bring their support for the child to an end, the social worker does not have that option. This aspect of taking on a parental role therefore seems to be linked to the parental responsibility held by the local authority.

The need to act as a parent also seemed link to a perception that children need someone in their support network who will stick by them, in the way a birth parent usually would:

Who would stick by a child no matter what happens? The foster carer, I think sometimes that can be difficult, but we do expect that. I mean it doesn't happen, but we expect that. Definitely the social worker...
So sometimes the foster carer doesn't stick by the child not matter what, is that what you're saying?

No, they don't. They don't. And that's... I'm not saying that in a judgmental way really. You know it's an observation rather than a criticism. You know sometimes it can be very hard when those relationships breakdown, and sometimes you can't fix them again. But I suppose for me, the social worker, you know, has skills, need to be very high, and if the relationship breaks down, they need to be able to build it back up again. There's no two ifs and buts about it. (Manager 1)

Therefore, this manager perceives the social worker is the only support network member the child can ultimately rely on. The responsibility to be there for a child was also recognised by some of the social workers:

And, from a professional point of view, I don't, at the end of the day, I don't think she probably has apart from me, but she wouldn't see that. Because her family have all let her down. School, you know, the trouble is with school and foster carers is that they've always got a bottom line, and if something happens, they will give notice, they will exclude her. So, I don't think she has got many people that will totally be there for her, whatever, really... (Social Worker 2)

Children in care often have experience of being let down, and there can be ongoing uncertainty about the stability of their support network. The need for social workers to take a parental role seems to connect to distrust that other members of the support network will stick by children. Social workers seem to be perceived as appropriate to act in a parental role because they are perceived the part of the support network that can be relied upon. Despite this perception, as argued in Chapter 3, social workers are often the most unstable member of children's support networks.

The outcome of a lack of clarity about roles in the support system was identified to potentially take up extra social work time, delay decision-making for children and have a detrimental effect on relationships between support network members:

So, when it wasn't great with the foster carer at the beginning, not for very long, only a few weeks, I used to dread going there. God, this is going to be awkward, I used to dread going to see Natalie because of what it would be like... (Social Worker 2)

Therefore, to be clear about roles in the support network at the outset of a placement and regularly review these, particularly in terms of day-to-day decision-making, seems to be important for building and maintaining good relationships with the foster carer and ultimately with the child.

Conclusion

In the final part of the analysis, the main barriers and supports to building relationships with children, as outlined in this chapter, were placed onto the ecological framework outlined in Chapter 2 (see Figure 11).

Figure 11 Supports and barriers to relationship-building with children in care



Factors relating to the social worker's own skills in relationship-building were placed at the microsystem level. This included their training and experience, which can influence their skills in communicating and building relationships with children. It also included issues in their personal lives, and how this impacted on their capacity for emotional containment, as well as how they balanced their career plans with maintaining stable relationships with children. The number of resources available to support children in care was identified to act, at a mesosystem level, to influence the amount of time social workers had to spend with each individual child. Also, at a mesosystem level, understanding the role each support system member played, and maintaining good relationships between support system members, were identified as important to maintaining a good relationship with the child.

At the exosystem level were placed those factors that influenced relationship-building within the social worker's organisation. This included; the quality of supervision, with reflective supervision identified as important for building good relationships with children; having a good relationship with a manager within which emotional containment could happen; and stable relationships with their manager and their team. The number and complexity of the cases social workers held was identified to impact on how much time they could spend on relationship-building, as was the distance that children were placed away from the local authority. Finally, social workers identified that the amount of paperwork they were required to complete influenced how much time they can spend in direct work with children. Chapter 9 will analyse in detail how the themes identified at each system level interact to influence the quality of the relationship between children and social workers.

8: THE SOCIAL WORK ROLE AND RELATIONSHIPS ACCORDING TO CHILDREN

Introduction

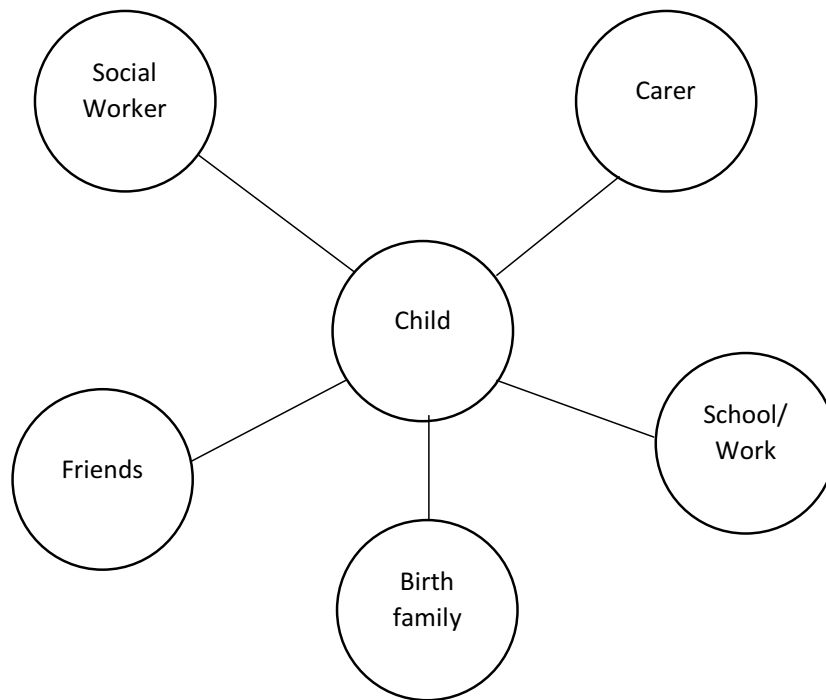
Having presented the findings of the study in the last three chapters, the two discussion chapters now analyse these using the ecological framework outlined in Figure 2. As already argued, despite children in long-term care in England having a social worker from the time they enter care until they transition to adulthood, the social worker's role within a child's ecological system is not routinely included in social work assessments of children in care and has often been overlooked in theoretical models exploring children's development (Coman and Devaney, 2011). So, the theoretical framework used in this study was developed to include the social worker as part of the child's microsystem.

The discussion in this chapter considers the support networks children need to do well in care and the social worker's role within this network at a microsystem level. Using the perspectives of the children who contributed to the study, and to previous research, the relationship between children and social workers in relation to other support network members will be considered. Through this it will be possible to identify which aspects of the social work role and relationship between children and social workers are important to children and why. Views of social workers about their relationships with children, and their role within the support network, will be integrated into the discussion.

Support Networks in the Microsystem

Children were asked to draw an ecomap to describe the support that helped them to do well in care. The support networks described by the three children in this study were all different depending on their personal situation. Despite these differences, the support network members were similar and tended to include their social worker, birth family members (including siblings, parents and extended family), friends, carers and school or work (Figure 12):

Figure 12: Ecomap depicting typical support network described by children



Social workers also drew maps of the support networks they felt supported children's wellbeing, which typically contained birth family members, friends, carers and education. However, only one of the eight social workers placed themselves onto the map without prompting by the researcher. As already argued, when a child comes into care the local authority becomes part of the support network around a child (Coman and Devaney, 2011), and so the social worker enters the child's microsystem. While all three children included the social worker as part of their support network, only one social worker seemed to recognise their role in helping children to do well. This may be because, while social workers are encouraged through care planning to consider and support the relationships children have with other support network members, there is no requirement to reflect on their own role in this network (DfE, 2015b). Therefore, an important finding from this study is that social workers could be more reflective about their own role, and that of their organisation, in supporting children in care.

As already discussed, the number of different support network members available to children appeared to be less important to how well they were doing in care than the quality of those relationships. When children described good relationships, these tended to be relationships that were both stable and reciprocal.

Stable Relationships

Completing timelines enabled an exploration of the number of non-normative transitions children had experienced in the chronosystem since entering care. The children had each experienced one non-normative transition on entering care, and in addition have since experienced multiple non-normative transitions, including changes in placement, education setting and social worker. The Children's Commissioner in England (2018a) has recently started to gather statistics on the stability of children in care, finding that 74% of children in care experienced either a placement, school or social worker change in 2016/2017, and of these children, 30% experienced a combination of at least two of these. Therefore, the experience of multiple non-normative transitions reported by the children in this study appears to represent the current experience of many children in care.

Non-normative transitions are argued to have a negative impact on child development, and this effect is likely to be larger when there are multiple such transitions present (Bronfenbrenner, 1986). The findings support this, suggesting multiple non-normative transitions can impact on children's willingness and ability to form trusting relationships with those in their support system. Because most children have experienced one non-normative transition on coming into care, forming trusting relationships has been identified as important for their ongoing subjective wellbeing (Selwyn, 2015). There was evidence that offering children stability in their current support network could help to rebuild trusting relationships. For example, Nicola talked negatively about social worker relationships in the past yet was able to build a good relationship with her social worker in the present. In a similar way, despite having multiple placements, Kiana was able to settle into a foster placement she now considers as her family. Therefore, while non-normative transitions do appear to have the potential to negatively impact on wellbeing, providing children with a stable network seems to support them to build trusting relationships in the present. Hence, minimising the number of non-normative transitions a child experiences seems important because it helps children build trusting relationships, which then supports their subjective wellbeing. This is consistent with a social-ecological approach to resilience, where carefully structuring the environment around a child, in this case by minimising the non-normative transitions they experience, is argued to maximise resilience (Ungar, 2011).

Reciprocal Relationships

An important finding from this study is that, for children to classify a relationship as good, the relationship needed to be reciprocal. The older two children represented this on their maps using arrows, while the youngest child added himself to the map to acknowledge his own role in his support network, including his willingness to engage in relationships. This suggests children have a role in choosing whether or not to engage in any support being offered. This is consistent with the concept of 'agency', described in Chapter 3, where children are social actors who actively participate in relationships. In a similar way to recent research by Berridge (2017), children in this study were demonstrating agency through judging the quality of services they were offered and deciding, on the basis of this judgement, whether they wanted to engage in support. In all the three cases, children perceived that a good quality relationship needed to be reciprocal.

Description of Relationship with Social Worker

The three children I spoke with all described having a good relationship with their social worker. They used various analogies to describe the relationship including 'like a teacher', 'like a parent', 'like a family friend', and 'like a friend'. Jack used the 'like a teacher' analogy because his social worker was helping him to understand his past through life-story work. Therefore, the 'like a teacher' analogy seemed to represent a task his social worker is carrying-out that helps him to do well. Therefore, one method for understanding the social work role could be to reflect on children's needs and the tasks social workers can carry out to meet these.

The three children in this study assigned the role of parent to someone different in their support network. Nicola, who did not have a stable placement or regular contact with her birth family, described her social worker as 'like a parent'. Jack, who was emotionally attached to and having regular contact with his birth parents, identified his birth parents in this role. Kiana, who is in a settled foster placement, assigned the parental role to her foster carer. Therefore, it seems the children were able to identify when the role of a parent was missing from their support system, and if it was, would assign this role to another system member. This suggests it is important for social workers to understand what might be missing in a child's support network, both to inform what support is needed to fill that role, and to understand the role they may be currently playing for that child.

Adults assigned to the parental role by children tended to have a stable relationship with them, which appeared to represent the subjective wellbeing indicator of having someone to stick by them no matter what (Selwyn *et al.*, 2016). Adults in this role were also those whom they perceived loved and cared about them, as one child described her foster carer:

She's been like the first kind of parental figure to really, really care.

Therefore, for the children in the study, the parental role appears to represent a sense of permanence and being cared about, linking the parental role in the support system from a child's perspective to the need to have a safe and trusted adult (Wood and Selwyn, 2017; Gilligan, 2008; Masten 2001). Even when the social worker was not playing a parental role in a child's support network they were still identified as a significant relationship. For example, while Kiana assigned the role of parent to her foster carer, she assigned the social worker the role of 'family friend', signifying the social worker continued to hold an important position in her network as a safe and trusted adult. The continuing importance of the social work role in the lives of some children in settled long-term placements has the potential to challenge government policy suggesting these children no longer want social work involvement in their lives (DfE, 2015a).

Each child described their relationship with their social worker as 'like a friend'. Describing social workers in the role of a friend has been noted in previous research with children in care (McLeod, 2010; Children's Commissioner, 2018b). McLeod (2010) analysed the description of a 'friend' relationship between children in care and their social worker, identifying that children want a social worker to spend time getting to know them, to treat them as a person, who is honest even when difficult, develops their trust by being reliable, who listens and who is prepared to share something of themselves. Similarly, children in this study understood their social worker was not actually a friend, using the term '*like* a friend' to describe this aspect of the role. Rather, describing their social worker as a friend seems to represent the style of relationship that they are seeking. The children in this study were seeking a similar friend role as expressed in McLeod's research; someone who knows them, understands them, cares about them, and has time for them.

None of the social workers defined their role in terms of being a friend. However, they were aware that the style of relationship they built up with a child could impact on how well they worked together. While the use of the word 'friend' may feel uncomfortable to social workers, McLeod (2010) emphasises that this type of relationship is fully consistent with social work values and theories of empowerment, respect and empathy. Therefore, the description of the

role as 'like a friend' appears to be language used by the children to represent a relationship in which they feel important, listened to and valued. Having argued social workers are often an important part of children's support networks, the discussion moves on to consider the aspects of the role and relationship that support children's wellbeing in care. The children outlined several aspects of their relationship with their social worker that were important to them. Some of these linked to the quality of their relationship with their social worker and some to the tasks social workers carry out (Table 1).

Quality of relationship

Children described five factors as important for forming a good quality relationship with their social worker, that the social worker 'knows me', 'understands me', 'cares about me', 'has time for me', and 'stays as my social worker'.

'Knows Me'

Children wanted their social worker to know them, which consisted of two elements; firstly, that they knew their history, and secondly, they knew them as a person. When social workers knew children's history it seemed to help them understand their current needs. For example, Kiana perceived her leaving care worker was not supporting her to remain in a Staying Put arrangement because she did not understand why, due to her history, being in a settled placement was so important to her. Consequently, the children perceived it was better when social workers had lived experience of their history, rather than reading information about them in a file. This has also been identified in previous research where children have talked about how difficult it is to have to repeat their story to new people (Munro, 2001). However, this finding goes further to suggest knowing a child's history well can also help understand why aspects of planning are important for children now.

The importance of living through history with children was also confirmed through the social worker interviews. When completing the timeline for children, social workers found it easier to recall events in a child's life when they had been actively involved:

Because I wasn't the social worker at the time... if you haven't lived it you kind of have to figure it out.

When social workers tried to recall events when they had not been involved, they said it was more difficult for them to explain why they had happened. Thus, links back to social worker stability, because social workers are more likely to have detailed knowledge about children if

they have lived through their history with them. Social worker instability has been identified in other research studies as a barrier to good planning for children in care, for example changes of worker have been found to delay discharges home from care (Broadhurst and Pendleton, 2007) and impact negatively on the quality and timeliness of care planning (Roach and Sanders, 2008).

In addition to having knowledge of a child's background, children wanted social workers to learn about them as people. Nicola linked this to a perceived stigma of being in care; knowing her as an individual meant she was more than just another care statistic and helped her value herself and her future. This is consistent with previous research recognising the importance of valuing each individual child's strengths rather than making assumptions based on children in care as a homogenous group (Wood and Selwyn, 2017; McLeod, 2010). The children each acknowledged they play a role in their social worker knowing them: children had to want to invest in the relationship with their social worker to allow the social worker to get to know them. For children to want to engage, the relationship seemed to need to be reciprocal. So, to allow the social worker to get to them, children also need to get to know their social worker. This relates to social workers' 'use of 'self' within the relationship, and how much the social worker discloses about themselves to the child (Ward, 2018). The use of self-disclosure appears most relevant to supporting reciprocal relationships between children and social workers (Dewane, 2006).

'Understands Me'

Children perceived, when social workers knew them well, they knew both what they needed and understood why it was important to them. 'Understands me' therefore is more than knowing a child's case history, it also involves getting to know who the child is as a person to fully involve them in decision-making in a way that upholds their rights (Wood and Selwyn, 2017). Understanding then appears to be the way social workers use their knowledge about children in care planning. 'Knowing and understanding' also links with the decision-maker and facilitator roles described by social workers in Chapter 6. When a child felt that their social worker knew and understood them, the social worker seemed more able to support them to make decisions and, therefore, take a 'facilitator' rather than 'decision-maker' role. As demonstrated by Kiana and in interviews with social workers, children seemed more able to maintain trust in the relationship with their social worker when they felt understood, even in instances when they did not like the decisions being made. This potentially develops the work on listening by McLeod (2010). McLeod presented the idea that children wanted social

workers to listen to what they want and act on it, which may not always be practically possible. Instead these findings suggest social workers should get to know a child well, so they understand what they need. Within a relationship where children feel their social worker knows and understands them, children seem more likely to feel listened to, to feel they have contributed to decisions, and to accept decisions made even if they disagree with them. Kiana made the link between feeling understood by her social worker and the use of empathy. Within a 'use of self' framework, the way the social worker expresses empathy for a child's situation relates to their use of relational dynamics (Dewane, 2006).

'Cares About Me'

For the children it was important they felt their social worker cared about them. The children identified that social workers show that they care in four ways. Firstly, by getting to know children so they understand what they need and, secondly, by ensuring children have the right placement and support in place. These two aspects link back to the previous sections and the social worker knowing and understanding the child. The third way social workers can show children they care is by demonstrating their relationship is more important than paperwork. This seems closely linked to the tension between the statutory task and relationship-building aspects of the social work role outlined in Chapter 6. Fourthly, children talked about social workers showing them they cared through their emotional responses. For example, Nicola noted that her social worker looked like she might cry when she realised how unhappy she had been in one placement. This response represented an authentic human reaction to the distress Nicola felt, which demonstrated to her that her social worker genuinely cared.

Social workers can present an authentic response through their use of personality (Dewane, 2006). Use of personality to create an authentic relationship is argued to be central to helping support service users to change and develop (Kaushik, 2017). While this has not been applied in research to a wellbeing framework in relation to children in care, the way children are describing the importance to them of having an authentic relationship with their social worker appears to support this. Therefore, while this area may need to be subject to further research, this authentic style of the relationship seems likely to be an important factor in children's wellbeing in care.

'Has Time for Me'

For Kiana and Nicola, it was significant that their social worker chooses to spend more time with them than required by statutory minimum visiting requirements. Spending time with children then was perceived as one way social workers could demonstrate they were prioritising the relationship-building aspect of their role over their statutory responsibilities. When children felt their relationship with their social worker was important to the social worker, they believed their social worker cared about them. Similarly, it was important social workers were accessible to them, so they could drop into the office or contact them easily by phone or email if they needed to. For Jack, the frequency of visiting seemed less important, perhaps because his social worker was already visiting at least once a month. Of primary importance to him was that his social worker spent time with him and not just with his foster carer. Spending time with a child is a central part of listening to their views, as expressed by both Nicola and Jack, who felt that previous social workers had spent more time with their carers than them and therefore the carers' needs were met over their own. Hence, in line with previous research (Sherbert Research, 2009; Children's Commissioner, 2018b), the children in this study want and value the time that they spend with their social worker, rather than wanting less time.

For each of the young people I spoke with, it was not only the amount of time their social worker spent with them that was important, but also the *quality* of the time. They valued the time spent with their social worker having fun; for example playing games, or catching up over a coffee, which again has been identified in previous research (Sherbert Research, 2009). Jack was undertaking life-story work with his social worker and highly valued this. However, he was clear he was engaging in this work because he had gotten to know his social worker by having fun with her. Therefore, quality time spent with social workers seems important to enable direct work, as well as the other statutory aspects of the social work role. In summary, the amount and quality of the time that social workers spend with children seems to be necessary both for the social worker to know and understand the child and demonstrate they care about them. Spending good quality time supports social workers to get to know and understand children. Spending regular time with the child demonstrates they value the relationship that they have with the child over the statutory tasks they need to complete.

'Stays as My Social Worker'

The importance of stability in social worker relationships was highlighted particularly by Nicola, who discussed how changes in social worker have had a negative impact on her ability to trust social workers, which is consistent with findings from previous research studies including the voices of children in care (McLeod, 2007; 2010; Leeson, 2007). Recent research exploring subjective wellbeing in care has found a statistically significant association between a lack of trust and multiple social worker changes (Selwyn *et al.*, 2018). Despite the importance of children having the opportunity to build trusting relationships with social workers, social worker instability is far more common than either placement or education instability (Children's Commissioner, 2018a).

For Nicola, who has not achieved a stable placement and who has recently left college and started a new job, her social worker represented the only good quality relationship in her support network, described by her as 'like a parent'. Yet, solely because she is about to turn 18-years-old, she is about to transfer to a leaving care worker. Similar disruptions to a child's support network at the point they age out of care has been identified in previous research, and described as the 'accelerated and compressed transitions' (Stein, 2006a; 2006b). To promote resilience, Stein's research suggested more attention should be given to slowing down these transitions and providing stable relationships. Similarly, the findings from my study suggest, rather than an automatic change from a social worker to a leaving care worker based solely on age, there should be more regard for the quality of the relationship the child has with their social worker and the quality of the other relationship in a child's support network. Thus, it can be argued that local authorities should be more aware of the social worker's role in each child's support system to minimise unnecessary changes of worker, particularly when a child's support network is unstable, and the social worker is taking a parental role.

Exploring the chronosystem as part of the theoretical model has helped demonstrate the importance of minimising the number of non-normative transitions a child experiences after they enter the care system. While this supports a government policy focus on providing children with stability in care, it extends the focus from concentrating only on providing permanence in terms of placements, to providing a stable support network. This support network includes a stable social worker, as well as others identified by the child as important to them. This links to the importance to the subjective wellbeing of children in care of being

able to form trusting relationships (Selwyn, 2015) and recognises the importance of providing children with a stable environment to promote resilience (Ungar, 2011).

Social Work Role

As outlined in Chapter 5, the children identified four main tasks their social worker carries out which help them do well in care; 'helps me understand my past', 'helps me keep in touch with people', 'helps me be happy' and 'gets stuff done'.

'Helps Me Understand My past'

Kiana and Jack thought social workers should help them to understand their past. Kiana spoke about how not understanding her past fully continues to negatively impact on her life now. While she remembers having a one-off session with her social worker about why she came into care, this does not seem to have been an ongoing part of their relationship. This links to recent research suggesting children not understanding why they were in care is associated with lower levels of subjective wellbeing (Selwyn *et al.*, 2018). Jack was in the process of carrying out life-story work with his social worker. He was actively engaged in the process because he recognised it as a way he could help himself to do well. This echoes research highlighting the importance of children having access to accurate information about their past to enable them to develop their own narrative of their life as part of their identity development (Watson *et al.*, 2015). Research into life-story work has highlighted the importance of it being undertaken in partnership with children and as a process that evolves over time rather than a one-off event (Atwool, 2017; Watson *et al.*, 2015; Willis and Holland, 2009). Therefore, it appears that engaging in ongoing work that helps children understand their past is likely to help improve subjective wellbeing.

All social workers and managers recognised supporting children to understand why they were in care as part of their role: however, only a few of the social workers talked specifically about completing life-story work. These workers talked about life-story as a discrete piece of work; which may stem from a confusion between completing a *life-story book* with children, which is a discrete piece of work done at one point in time, and *life-story work*, which is ongoing work with a child to support their developing sense of identity (Watson *et al.*, 2015). While in England there is a requirement for life-story work to be completed with children for whom there is a plan for adoption (DfE, 2014d), there is no such requirement for children in long-term care. Due to the potential for continued non-normative transitions within the care

system, an ongoing process of life-story work is likely to help “to strengthen children's sense of a persistent and positive thread of identity that links their past to their present and future” (Ward, 2011, p2517). Social workers identified time-limitations as a significant barrier to completing life-story work. Statutory tasks could take priority over life-story work and social workers expressed concern about raising potentially upsetting issues with children they may not have time to resolve. Similar concerns have been identified in previous research (Wigley *et al.*, 2012; Pinkney, 2011b), suggesting social workers need more time to spend with children if they are to engage in therapeutic work.

‘Helps Me Keep in Touch With People’

A further role identified by the children was to help them stay in touch with people who are important to them. Jack had regular contact with his birth parents, which was very important to him. Kiana and Nicola had both chosen not to have regular contact with their birth mothers and it was significant their social worker listened to and respected their views. This reflects research into subjective wellbeing with children in care in which older children were found to be less likely to have contact with birth parents, and often stated that this was their choice (Selwyn *et al.*, 2018). The right of children to decide whether they want contact with birth families has been supported by the Children (and Families) Act (2014), which clarified that contact should only take place if it is in the child's best interest.

While the children in this study were satisfied with the level of contact with birth parents, Jack was unhappy with both the amount and quality of his contact with his *siblings*. Sibling contact is another area that has been highlighted as important in recent research with children in care, with children reporting they want more contact with siblings they do not live with (Selwyn *et al.*, 2018; Children's Commissioner, 2018b). Jack's unhappiness with the amount of contact with his siblings was the one thing that he thought social work managers should be aware of and he directly challenged his social worker to listen to his concerns during the research interview. The Children's Commissioner (2018b) reported that difficulties arranging contact were due to distance, money and time. However, this child's social worker highlighted that balancing the needs of each of the siblings was also a factor in contact decisions. Her perception was that Jack was seeking more contact than his older siblings wanted. This demonstrates how social workers need to consider the perspectives of multiple siblings who may have differing support networks and needs when making contact decisions.

Jack also raised concerns about the quality of the contact he had with his siblings; when he was offered skype contact with his brother, he was clear this was not enough because just talking did not feel natural, they needed to be able to play together. Jack's preference was for contact to happen in a more natural situation, such as a sleepover at the foster carers' home. As identified in previous research (Slade, 2010), this highlights the importance of considering not only the quantity but also the quality of contact to maintain good relationships with those important to children.

As identified in other studies, it was important for the children to keep in touch with friends and previous carers, as well as birth family members (Selwyn *et al.*, 2018). While government policy tends to focus the importance of contact with birth family members (DfE, 2015b), this suggests children would like to keep in touch with a wider range of people who have had an important role for them in their lives. Using ecomaps in practice is likely to support social workers to do this effectively. The use of ecomaps facilitates an overview of the child's support network, and encourages a better understanding of the importance of each relationship to the child's wellbeing (Hartman, 1995). Engaging the child in the process of creating the map means that the relationships important to them can be explored, which might give social workers a deeper understanding of the role that support system members play in the network of each child.

'Helps Me Be Happy'

Children also identified that social workers had an important role helping them to be happy. This was expressed in terms of ensuring that their practical and emotional needs were met. For example, they spoke about social workers ensuring they had an appropriate placement, the right amount of contact with their families, and identifying when they might need emotional support. What was important to them was that social workers were able to identify whether they were happy, and if they were not, would act to change this, either personally or through their support networks. This seems to include social workers recognising and supporting good relationships to continue, as well as recognising when relationships were poor and may need extra support or to change.

For example, the three children spoke about times when they had been unhappy in a previous placement, and they each identified moving to a new placement as beneficial to them. This is consistent with previous research that suggests changes of placement can be positive for children (Sinclair *et al.*, 2007). While minimising the number of non-normative

transitions is important for building trusting relationships in a child's support network, if the quality of the relationship is poor, maintaining stability seems potentially more harmful to the child than the potential harm from a non-normative transition. For example, Nicola talked about repeatedly running away from a placement where she was unhappy and therefore placing herself at risk of harm. Children in other studies have also talked about behaving in ways that put themselves at risk because they were not happy in their placement and did not feel listened to (Christiansen *et al.*, 2010; Stanley, 2007). So, while it is important to minimise the number of non-normative transitions a child experiences, this aim needs to be considered in the context of children's individual situations. To help children be happy in care involves the social worker understanding the quality of the relationships within children's support networks and knowing children well enough to understand why they may demonstrate what could be perceived as difficult behaviour.

'Gets Stuff Done'

The children highlighted the importance of social workers keeping their promises and completing practical administrative tasks. The importance of social workers keeping their promises to children and following through on tasks has been regularly highlighted in previous research with children in care (Barnes, 2012; McLeod, 2010). As in these previous studies, this study highlights that keeping promises is important for building trust between children and social workers. Completing basic tasks when promised was reported to help children feel as though they are important; they are remembered between visits and therefore they matter. From a child's perspective 'getting stuff done' seems to be the basic stepping stone from which a significant relationship can grow. If a social worker keeps their promises it helps to build trust and demonstrate the child matters to them. If a social worker did not complete tasks as promised, it seemed unlikely the child was going to want to invest in other aspects of the relationship.

A few social workers commented on the importance of keeping promises, recognising this as an important way to build trust. However, the importance of completing basic administrative tasks, such as applying for passports for children, appeared to be underestimated by some social workers and managers I spoke with. In these cases, administrative tasks tended to be referred to as something that was preventing them from carrying out their main statutory role. For example, one manager felt that the most helpful thing for her team would be to have an administrator who could complete basic tasks like these for the social workers, suggesting these tasks were less important because they did not require professional skill to

complete. The limited time that social workers report they have available also meant they could prioritise other parts of their role, which they perceived as more important, over completing basic administrative tasks. Enhanced administration support using Personal Administrators (PAs) in Child in Need teams has been trialled as part of the Social Care Innovation Programme (Burch *et al.*, 2017). Early results suggest that good administration support could increase how much time social workers can spend carrying out direct work, but there is not yet clarity about whether this could transfer across to other contexts, such as work with children in care. Increasing administration support may then have potential to support social workers to complete these tasks and help make more time for them to carry out direct work with children.

Conclusion

Research has recently begun to show that being in care could be a positive intervention for children; for example, it might be positive for educational attainment (Sebba *et al.*, 2015) and for subjective wellbeing (Selwyn *et al.*, 2018). The findings from this study explore how children's support networks can help support the subjective wellbeing of children in long-term care, and the perceived importance of a child's relationship with their social worker as part of this network. When children, social workers, and managers were asked who helped them to achieve each of the aspects of subjective wellbeing, social workers were usually named as contributing to every aspect. The pivotal role of social workers in supporting children in care has been highlighted previously in research (Stein, 2009), and findings from my study also support the importance of social workers within children's networks. While social workers were not always the most important person to the child, they were always a key person within the support network. A model showing the social worker's role in the microsystem, including the tasks the worker carries out and the necessary aspects of the relationship to carry out this role, is suggested in Figure 13:

Figure 13: Microsystem map showing the social work role and relationships from a child's perspective



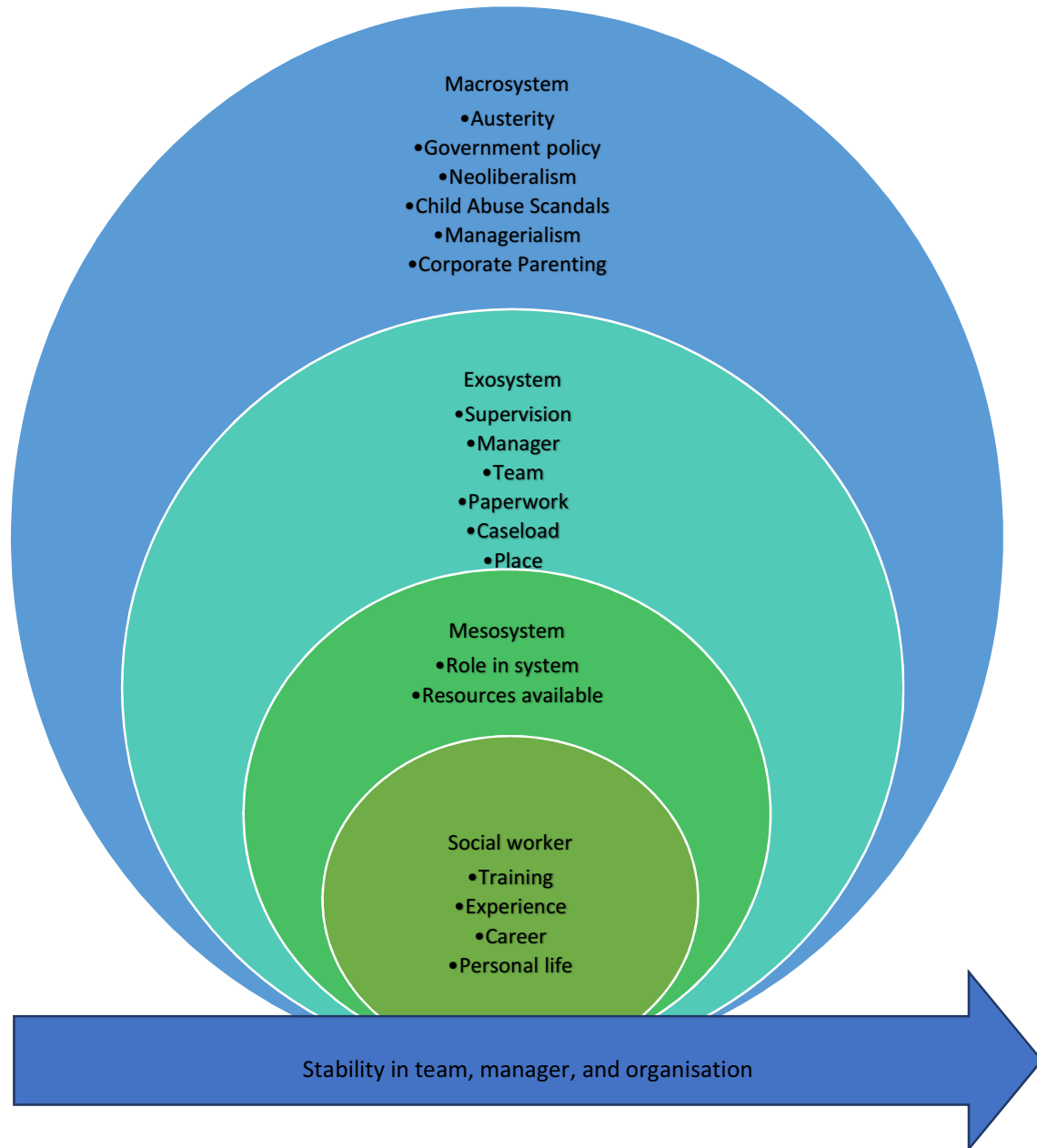
How the social worker carries out the four task aspects of their role appears to be underpinned by the quality of their relationships. For example, to help a child stay in touch with those important to them requires the social worker to know the child well and understand the quality of relationships in their support network. To help a child to be happy, by ensuring they are in the right placement with good support, requires the social worker to know the child well enough to understand what they need. To 'get stuff done' and help a child understand their past requires the social worker to have enough time for administrative and direct work with the child. Therefore, the relationship the social worker has with the child is proposed as the mechanism through which the tasks associated with the role are carried out.

9: THE SOCIAL WORK ROLE AND RELATIONSHIP-BUILDING IN PRACTICE

Introduction

The previous chapter explored the social work role from the perspective of children in care. The relationship children have with their social worker was identified as enabling social workers to carry out their role in the way children wanted. This chapter attempts to answer the question 'what makes forming a good relationship possible' by exploring the contextual conditions influencing each aspect of the relationship that the children identified as important (Danermark *et al.*, 2002). Within critical realism, contextual conditions make the tendency for a mechanism to take effect more or less likely (Sayer, 2000). Therefore, the analysis can move beyond the direct relationship between children and social workers to consider how issues, including government policies at a macrosystem level, organisational structures at an exosystem level, and multi-agency working at a mesosystem level, influence relationship-building in practice. In Chapter 7, social workers and managers identified factors that impact on their ability to form relationships with children in care, and these were mapped onto the ecological system (Figure 11). In Chapter 3, the factors underpinning developments in government policy with children in care were identified, and these have also been added into the model at the macrosystem level (Figure 13):

Figure 14: Map of contextual conditions impacting on relationship-building with children in care



By combining Figure 14 with the map outlining what children are seeking in the relationship with their social worker (Figure 13), it is possible to explore how contextual conditions at different system levels influence the formation of each aspect of the relationship at a microsystem level.

'Knows Me'

Figure 15: Map of contextual conditions impacting on knowing a child

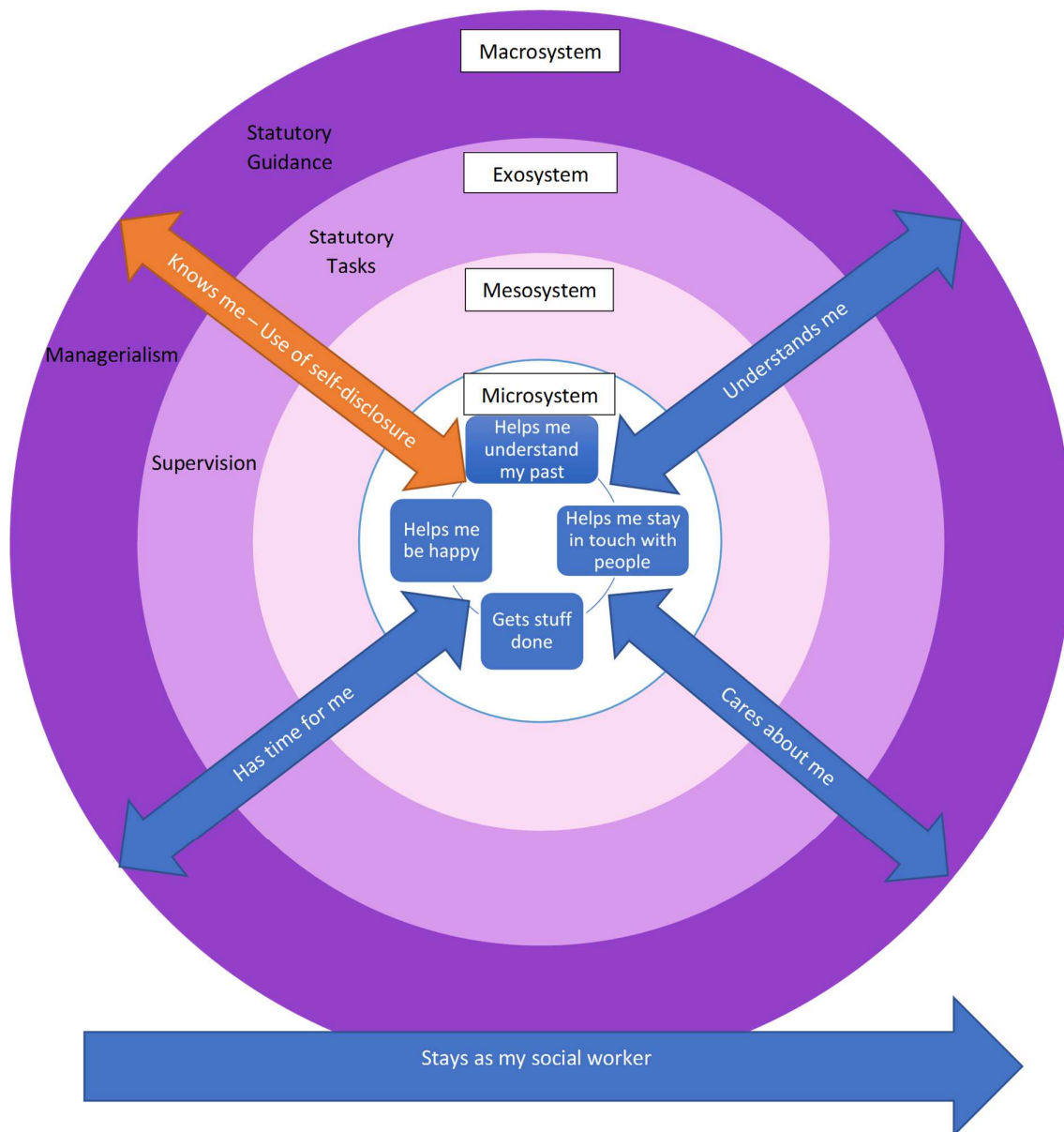


Figure 15 depicts the contextual conditions that were identified, through the literature review and interviews with professionals, to influence how well social workers can get to know children in care. Four main conditions were linked to how well a social worker can get to know a child; the requirement to complete statutory tasks, statutory guidance, supervision and managerialism. Getting to know a child was linked in the previous chapter to social workers' use of self-disclosure. Each of these aspects is discussed below.

Statutory Tasks

The three child participants were aware social workers have a statutory duty to intervene in their lives and this involves visiting them regularly, arranging reviews and carrying out assessments. However, they perceived these tasks to be necessary from a procedural and organisational perspective, rather than being useful to them. The statutory aspects of the social work role include carrying out visits to children, Children Looked After (CLA) reviews, Pathway Plans and Personal Education Plans (PEPs) (DfE, 2015b). The aim of these statutory tasks is to ensure children's needs are met, for example by ensuring they have regular visits from a social worker and their care plan is regularly reviewed (DfE, 2015b). Despite this, children in this study spoke negatively about social workers who carried out their role only in terms of these statutory tasks, a view backed up by previous research in which children have said that the only contact they have with their social workers is at statutory meetings or during crisis situations, which meant they did not feel like they were listened to or that they mattered (Munro, 2010; Leeson, 2007). The children I spoke with perceive that for a social worker to effectively manage their care plan, they need to know them well enough to understand what they need.

Social workers perceived that the way statutory tasks are monitored through timescales developed through the concept of managerialism, could be a barrier to building relationships. As discussed previously, the government intention behind the development of statutory tasks and associated performance indicators was to improve the quality of services to children in care (Harris, 2007). However, there has been concern that a preoccupation with quantifiable outcomes may result in a simplification of the social work task and minimise the importance of relationships in social work practice (Bilson and Ross, 1999). This concern was consistently expressed in my interviews with social workers, who talked about how a management focus on completing statutory tasks could get in the way of building the sort of relationship with children that they wanted. Therefore, while the completion of statutory tasks was considered an important part of the social work role, the timescales associated with them were perceived to be a barrier to getting to know and including children as participants in decision-making.

Use of Self-Disclosure

As outlined previously, for a social worker to get to know a child the relationship needed to be reciprocal. Some social workers discussed the importance of reciprocal relationships discussing how, when the relationship is unreciprocated, it can impact negatively on how

much children can trust social workers and tell them honestly what was happening in their lives. Having a good relationship with young people included the young person knowing something about the social worker's personal life, which was defined as the 'use of self-disclosure' (Dewane, 2006). A few social workers talked about using self-disclosure to build relationships with children in the interviews, although most expressed some concern about the extent to which self-disclosure is appropriate for professionals working with children. One social worker explicitly said it was not appropriate for the child to know about their personal life. So, while some social workers acknowledged self-disclosure as important to building a good relationship, there seemed a lack of clarity about how much and which areas are appropriate.

In contrast, children in the study seemed realistic about the extent it is appropriate for social workers to disclose information about their personal lives:

I wouldn't say I know her personal life loads, because you're not supposed to know that, but I do know her enough to sit and have like full-on conversations and tell her everything.

What children want from a reciprocal relationship with their social worker appears to be consistent with a professional relationship. Children acknowledge that self-disclosure by the social worker needs to be contextual and that the primary focus of the relationship is on their issues rather than the social worker's. Therefore self-disclosure has the potential to be appropriate when it is for the benefit of the child (Dewane, 2006), as long as it is balanced with the need to remain within the legal and ethical boundaries of the social work profession (Gibson, 2012). While there are guidelines for appropriate self-disclosure for therapists, there do not appear to be similar guidelines for social workers (Knox and Hill, 2003), which may explain the lack of confidence expressed by some social workers about the extent to which self-disclosure was appropriate. As research suggests use of self-disclosure is contextual, based on the type of client, physical environment, and the length of the relationship (Gibson, 2012), it may help for social work self-disclosure guidelines to be outlined in practice guidelines. However, because the use of self-disclosure is different with each individual child, its use needs to be regularly reviewed in supervision.

Supervision

Social workers reported that supervision tends to be task-focussed, rather than allowing space to reflect on the appropriate use of self on a case-by-case basis. This concentration on tasks rather than reflection within supervision has been found in other studies (Beddoe,

2010; Adamowich *et al.*, 2014) and current research is starting to show there may be a direct link between good quality supervision and effective practice (Wilkins *et al.*, 2018). Because social workers do not have the kind of reflective supervision they need, particularly to manage distressing disclosures by children, some reported feeling emotionally exhausted. This exhaustion then impacted on their capacity to respond authentically to the other children they were working with. Studies exploring the impact of supervision on practice, to date, have tended to concentrate on social worker practice with parents in child protection situations (Wilkins *et al.*, 2018). The findings from this study also suggest the potential benefit of reflective supervision on practice with children in care.

‘Understands Me’

Figure 16: Map of contextual conditions impacting on understanding a child

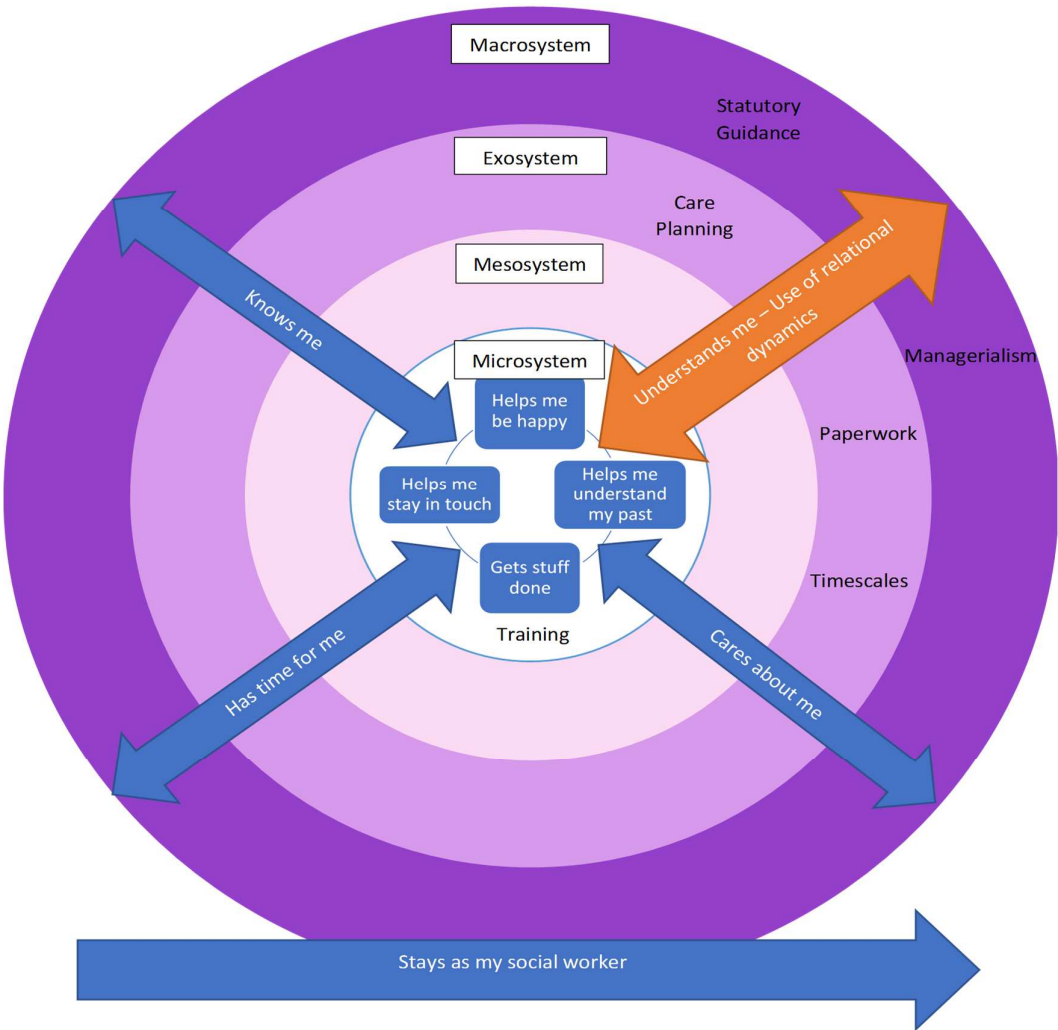


Figure 16 depicts the contextual conditions that were identified to influence social workers' ability to understand the needs of children in care. In the last chapter, the way social workers understand children in care was related to their use of relational dynamics and it is suggested these skills can be developed through training. The contextual conditions identified to influence the use of relational dynamics in practice include care planning responsibilities outlined in statutory guidance, the paperwork and timescales associated with such tasks and managerialism.

Care Planning

As discussed previously, knowing a child well was necessary for understanding them, and the importance of social workers understanding children well seems to underpin their care planning role in children's support networks. Social workers interviewed understood they had a statutory role to review children's care plans. They talked about this role including ensuring children's voices were heard and that there was an appropriate care plan in place to meet their needs. However, the paperwork and timescales associated with care planning were perceived to be a barrier to getting to know children well and understanding their needs. Social workers interviewed wanted more time to plan in partnership with children, rather than focussing on completing plans within rigid timescales to meet a statutory need. Both paperwork and timescales have been highlighted as barriers to the participation of children and effective care planning in previous research (Dickens *et al.*, 2015; Beckett *et al.*, 2007) and a central recommendation of the Munro review (2011b) was that relationships should take precedence over bureaucracy. These findings also indicate, in the context of work with children in care, there may still be a focus on task completion rather than relationship-building. As a result, the requirement to complete the care planning tasks can be a barrier to getting to know a child well enough to understand them, and therefore developing a good quality care plan that meets their needs.

Use of Relational Dynamics

As previously discussed, understanding a child well enough to effectively plan for their needs was linked to the use of relational dynamics, and in particular empathy. All social workers talked about listening to children, and most also said listening meant acknowledging what children were saying and responding to this. The concept described by social workers of hearing children and responding to their needs is close to the social work framework of empathy developed by Gerdes *et al* (2011, p116):

(1) the affective response to another's emotions and actions, (2) the cognitive processing of one's affective response as well as the other person's perspective, and (3) conscious decision making to take empathic action.

Social workers also said they needed to understand a child to support them to make their own decisions. Therefore, using empathy within the relationship seemed to act both to help the social worker understand the child and the child to understand themselves. Empathy in this sense seems to be being used in line with person-centred practice principles, where the relationship itself can be a tool through which change can happen (Rogers, 1961).

Training

It is argued social workers can learn and develop empathic skills through training (Gerdes *et al.*, 2011). However, a lack of clarity about how empathy is operationalised in practice potentially impacts on how social workers use this skill. In particular, there is concern a focus on simulation theory in social work training, which concentrates attention on mirroring⁹, may reduce attention on the meaning the client is trying to express and, therefore, the use of 'authentic self' as the worker is not so present within the situation (Eriksson and Englander, 2017). Despite these concerns, social workers I spoke with thought they had enough training to communicate and engage effectively with children, however, they did not have enough time to put skills learnt in training into practice. This contrasts with previous research suggesting that social workers lack the training and skills they need to communicate with children (Winter, 2009). So, while good social work training is important for building good relationships, contextual influences seem as, if not more, important in a practice context. The time social workers have available to work with children in care will be explored later in this chapter.

⁹ Mirroring in this context is being used to describe retraining mirror neurons using techniques such as mimicry and role play

'Cares About Me'

Figure 17: Map of contextual conditions impacting on caring about a child

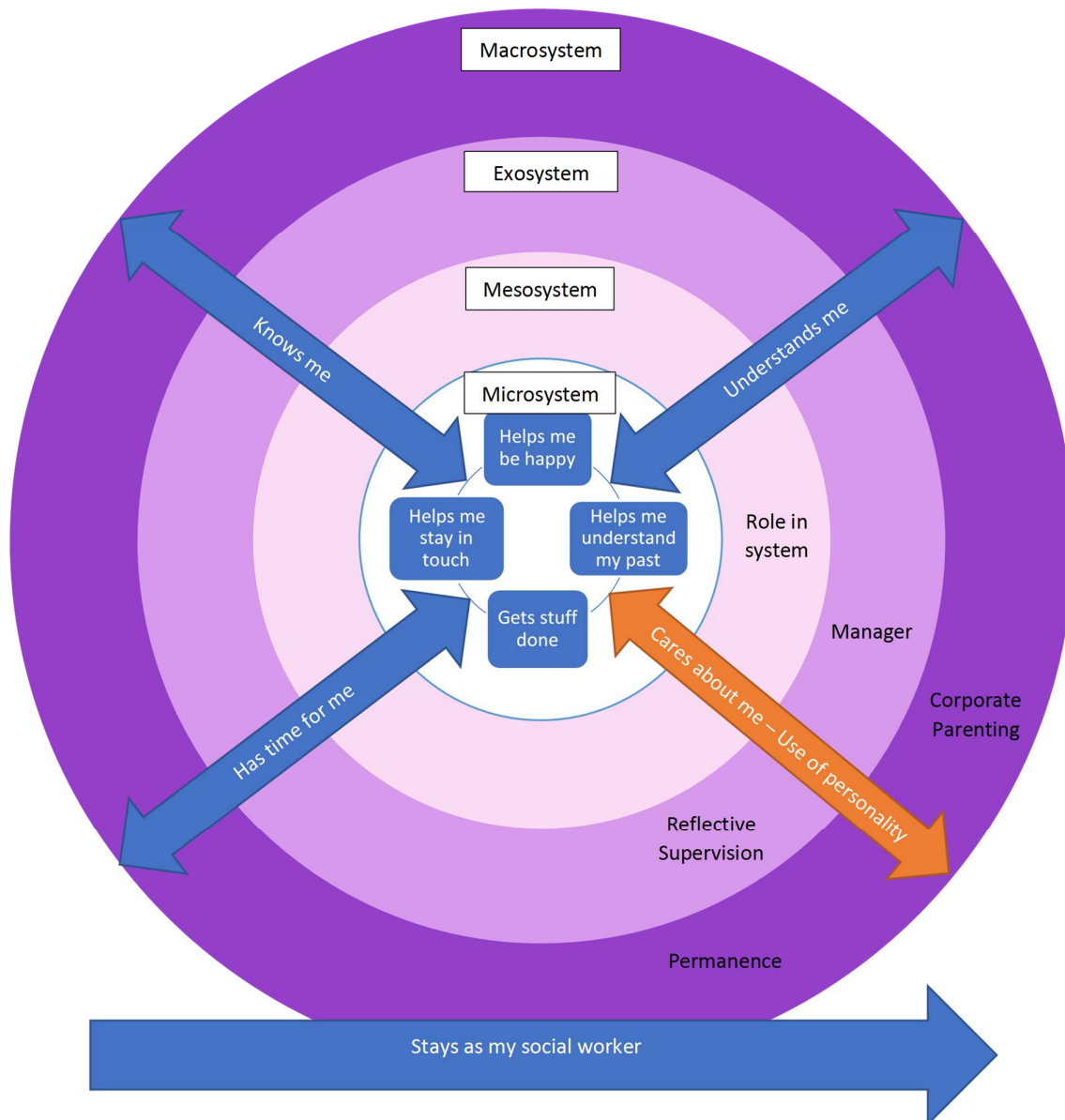


Figure 17 depicts those contextual conditions that appear to impact on how much social workers are able to exercise their use of personality in practice. In the last chapter, use of personality was identified as how social workers can demonstrate to children that they care about them. Social workers perceive that, to be able to use their authentic personality, they need to be supported through reflective supervision and their managers need to have the capacity to contain their emotional responses. Professionals also identified that there was some confusion about whether it was appropriate to care about children, which seemed to

be linked to concepts of corporate parenting and permanence, resulting in confusion at a mesosystem level about who held a parental role in children's lives. These issues are discussed below:

Compassion and Use of Personality

The previous chapter established the importance of children feeling that social workers care about them. For children, understanding them was not enough alone, there is also a requirement to feel the social worker *cares* about what happens to them. Therefore, the children seemed to want their social worker to get to know them, understand them and to care about the impact any resulting action might have on their lives. This final aspect of caring about the impact of action is described in research as the use of compassion. While empathy can be used to understand a situation, compassion follows this as the motivation to help (Stickle, 2016). Therefore, empathy can be understood as the ability to share the feelings of others, but compassion is the ability to *care for* others (Singer and Klimecki, 2014). Social workers expressed a great deal of care about the children during the interviews, but children did not always feel that social workers *cared about* them. Being able to express compassion is argued to require the social worker to use their whole self (Stickle, 2016), which relates to their use of authentic self in the relationship.

Dewane (2006) suggests, to present an authentic self, social workers need to reflect on how they use their personality in their professional practice. This suggests that, to develop an authentic and professional relationship, social workers need insight into their personality and life experiences: skills that can be learnt in initial training. They also need to reflect on the way this is presented to children they work with: skills that need to be developed through ongoing supervision (Adamowich *et al.*, 2014). A few social workers discussed using their personality to develop a professional self they displayed to children and most felt they had enough training in how to form relationships. However, all social workers identified lack of time, and the opportunity to reflect in supervision, as barriers in practice. They also reflected on the emotional resilience needed to work using their authentic selves, including the need to be cared for if they were to care in turn for others.

Managers

Managers were identified by social workers as of central importance to their wellbeing in the role. As already identified, quality of supervision is important for shaping the extent social workers can prioritise relationship-building over task-completion in their practice.

Additionally, managers support social workers' emotional resilience. Emotional resilience can be supported through the 'use of anxiety', and requires a style of reflective supervision within which social workers feel able to discuss the emotional aspects of their work (Dewane, 2006). However, when managers themselves were under stress it meant they did not have the emotional capacity to contain the emotions of the social workers, which was described by one social worker as having a 'top-down' effect. Thus, it seems emotional resilience is dependent on the capacity of the wider system to hold emotions and anxiety. The capacity to hold emotions links to the concept of containment, within which emotions and feelings are recognised as central to social work (Ruch, 2012). To contain children's emotions and anxieties, social workers need to be emotionally resilient. To maintain emotional resilience, they need their manager to contain their anxiety, requiring their manager to be emotionally resilient. Hence, the emotions and anxieties of managers also need to be contained at a senior manager level within the organisation.

Corporate Parenting

Despite demonstrating care about children, some social workers discussed the appropriateness of having caring relationships with the children. The 'case manager' role, described in Chapter 6, appeared to lead social workers to question whether they should care about children or whether their role was to support other relationships in children's lives. In government policy, the caring role seems to be being increasingly delegated away from the social worker to the foster or residential carer within a child's support network, with the social worker described as being "necessarily dispassionate" (Narey and Owen, 2018, p27; DfE, 2018d). This suggests a culture where caring is perceived as incompatible with carrying out the statutory tasks and decision-making aspects of the professional social work role (Narey and Owen, 2018). There seemed to be a tension between social workers wanting to care about children, which is in line with what children want, and concern this may not be appropriate, which seems increasingly consistent with government policy expectations.

Two aspects of government policy appear to underpin this tension: corporate parenting and permanence. As discussed in Chapter 3, the concept of corporate parenting, first introduced in the Children and Young Persons Act (2008), aims to ensure that the state takes the same responsibility for children in care as a parent would for their own child (Frost and Parton, 2009). Permanence is the long-term plan for a child's upbringing consisting of legal permanence, physical permanence and emotional permanence (DfE, 2013b). While corporate parenting attempts to share the parental role between those in the local authority

responsible for children, social workers and managers interviewed perceived they had overall responsibility for taking the parental role. This appeared to be based on a perception they were the only consistent part of children's support networks. For example, social workers and managers talked about not trusting that foster carers would always 'stick by' children, and therefore, that social workers were the only stable part of the system that could be relied on to take this parental role. This perception also seemed to be based on the parental responsibility held by the local authority, enacted by social workers within a legal permanence perspective.

Despite this perception, as previously outlined, research has found that social worker changes are more common than placement changes, suggesting social workers are the least consistent part of a child's support network (Selwyn *et al.*, 2018; Children's Commissioner, 2018a). The social workers and managers I spoke with all talked about multiple social worker changes over children's time in care yet, despite this, the perception remained that a change of social worker did not impact on their ability to take a parental role in the same way that a change of foster carer would impact on the foster carers' ability to take a parental role. Therefore, the fact a child has someone in the role of social worker seems to be perceived by professionals as more important than the stability of the individual social worker who carries out that role.

Parenting is a complicated concept containing both the 'tasks' a parent carries out on behalf of a child and the provision of 'permanence' for a child with stable and consistent relationships that continue into adulthood (Bullock *et al.*, 2006). Social workers were primarily talking about the parental social work role in terms of 'tasks', relating this to their parental responsibility. They appeared reluctant to take on a 'permanence' style parental role, seeing this as being more appropriate for other system members such as either foster carers or birth family members. Some of the social workers said it was not appropriate to take on a 'permanence' role because they could not be there forever for children, and therefore, their role was to set-up other relationships. This then suggests social workers perceive themselves as responsible for task completion and other system members as responsible for providing the 'permanence' aspect of parenting. Seemingly, this links to a government policy perception that the social work role is dispassionate, assigning the caring and permanence aspects of the parental role to carers. Minimising the potential importance of the 'permanency' or caring aspects of the social work role in turn minimises the potential impact of social worker changes on children.

An example of this can be seen in the recommendations of the recent review of foster care (Narey and Owen, 2018), which suggest, in long-term stable foster placements, it would be appropriate for the supervising social worker to also act as the child's social worker. At the point the supervising social worker takes over responsibility for the child, the child will experience a change of social worker, building instability into their support network. By maintaining the stability of the relationship between the supervising social worker and foster carer, this recommendation seems to minimise the importance of relationships between children and social workers. Underestimating the importance of relationships between social workers and children in care could potentially risk future instability. For example, two social workers had concerns about whether a child's current long-term placement would last through their teenage years; sharing the social work role between carers and children may mean early signs of potential placement disruption are missed, particularly when the social worker has a primary relationship with the foster carer not the child. Potentially, with increasing numbers of independent agencies being responsible for foster care, it also potentially places the role of the child's social worker outside the local authority, the implications of which have not been fully considered; although the trial of social work practices suggests moving social work support outside the local authority increases the instability of social workers (Stanley *et al.*, 2014). As such, it seems concerning the government have signalled they support this recommendation in their recent 'myth busting' guidance for local authorities (DfE, 2018b).

Government policy relating to children in long-term care has been updated, to strengthen long-term fostering as a permanence option and the parental role of foster carers (DfE, 2015a). This policy seems to be based on the idea that, when children are in stable long-term foster placements, they no longer want social worker involvement in their lives. The children I spoke with did not support this: for example, even though Kiana assigned her foster carer the role of parent within her support system, she continued to describe the relationship with her social worker as 'like a family member', signifying the social worker still held a significant position in her support network. The importance of the social work relationship with children in settled long-term placements was also confirmed in the professional interviews, in which very few children were identified to no longer want social worker involvement. Children who were consulted by the government when developing this guidance also confirmed this perspective, saying it was important to have regular contact with a social worker who knows them well (DfE, 2014b). While research has identified that a minority of young people in stable placements can report social worker involvement in their

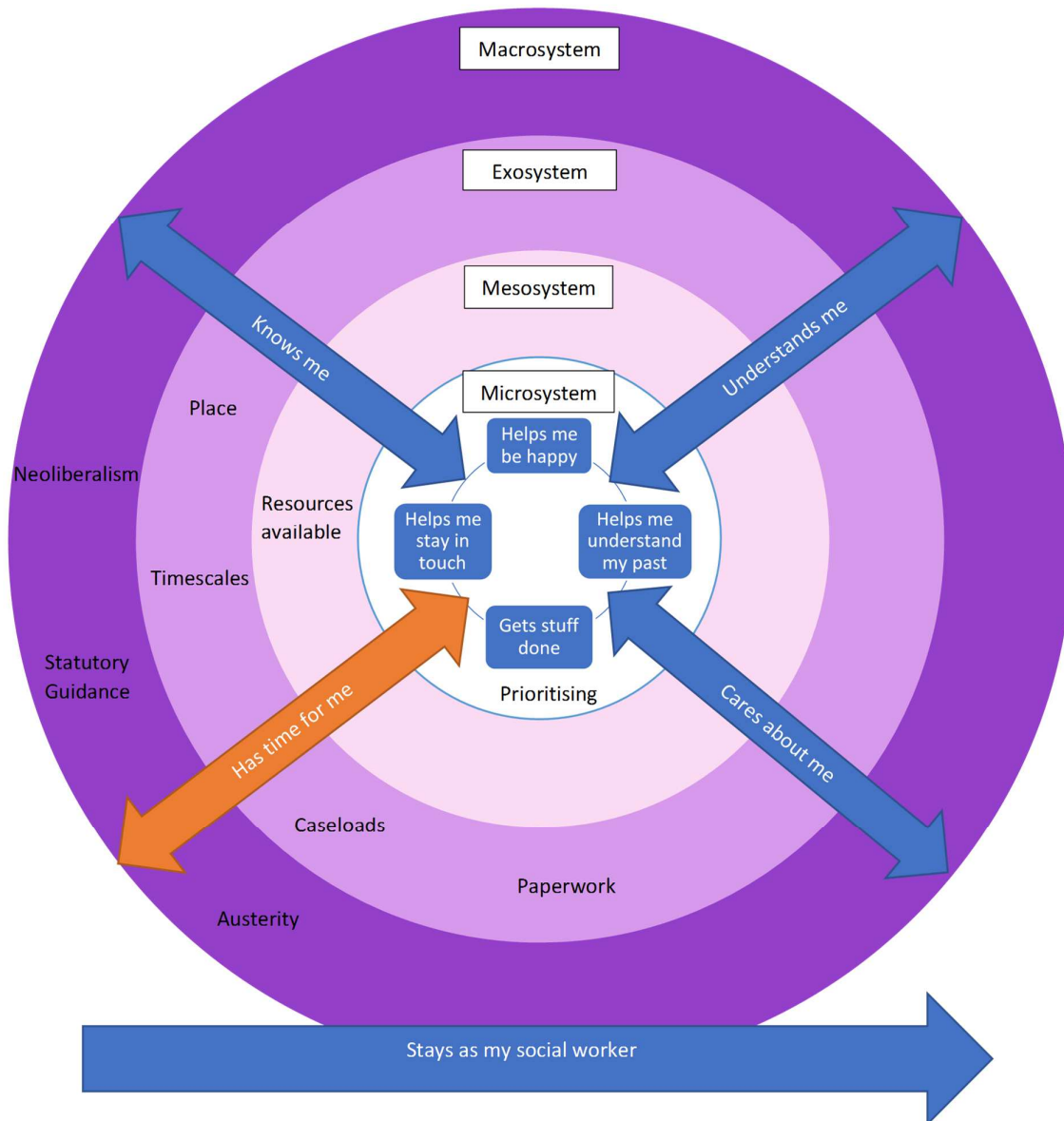
lives is intrusive (Children's Commissioner, 2018b), it seems too simplistic to link this only to their long-term settled placement status, or physical permanence. Rather, the quality of all the relationships in children's support networks, or their sense of emotional permanence, seems to be important. Thus, from a child's perspective, the importance of a social worker caring about them seems to exist outside the parenting role, as understood from a permanence perspective.

The three children in this study each assigned the role of parent to someone different in their support network. Rather than being fixed to a support network member, such as their birth parent, social worker or foster carer, they assigned the role of parent to someone in their support network who cares about them and is stable in their lives. In one case the child's relationship with their social worker was described as 'like a parent'. Understanding the parental role in terms of both 'task' and 'permanence' aspects had relevance in this case because the social worker was described as providing both aspects of the role. Therefore, to understand who holds a parental role in a child's life seems to involve considering who in each child's support system is carrying out both the 'task' and 'permanence' aspects of the parenting role. Understanding emotional permanence in terms of attachment to a primary caregiver is linked to traditional conceptualisations of attachment theory, and does not take into account more recent developments which recommend attachment should be understood in the context of a child's support network (Zilberstein, 2011; Sroufe, 2005).

The concept of delegated authority was introduced in recent statutory guidance to outline how parental responsibility should be between social workers, parents and foster carers (DfE, 2015a). Delegated authority represents a sharing of the legal permanence or 'task' aspect of the parental role with foster carers. Sharing the 'tasks' of parenting with foster carers was frequently raised as causing tension by the social workers I spoke with. Sometimes social workers felt foster carers expected them to take the parental role and expressed frustration that carers did not make more decisions. Yet, social workers also expressed frustration about foster carers making decisions that they did not think were appropriate. One manager reflected that social workers are not using delegated responsibility as effectively as they could, which is consistent with the findings of the recent review of foster care that sharing the decision-making aspects of the parental role does not always happen in practice (Narey and Owen, 2018). Lack of clarity about how tasks are delegated seems to contribute to confusion about the social work role at a meso-system level, something again that has been highlighted in previous research (Hollin and Larkin, 2011).

'Has Time for Me'

Figure 18: Map of contextual conditions impacting on having time for a child



Children talked about the importance of both the quantity and quality of time they spent with their social worker, and all the social workers recognised how important it was to spend time with children to build good relationships. Social workers reflected that the most important conversations they had with children about their wishes and feelings often happened during relaxed sessions, for example when driving, at the park, cooking or playing games. Two social workers discussed how difficult it was to carry out direct work if a good relationship

had not been formed, highlighting the importance of spending time with children to enable necessary tasks to be undertaken. Having fun with a child requires the social worker to use themselves as a tool to engage effectively with the child, for example, through their use of humour (Dewane, 2006). However, social workers frequently reflected that the responsibility to carry out statutory tasks meant that they did not always have enough time to spend having fun and getting to know children. While managers recognised the importance of relationship-building, they also talked about social workers needing to prioritise their work due to time pressures relating to the completion of statutory tasks. Therefore, time-limitations seem to result in a focus on the completion of statutory tasks, rather than on spending time with children to build the relationships that underpin doing these tasks well. As shown in figure 18, professionals indicated the following contextual conditions could influence how much time they could spend with children; timescales, caseloads, distance and place, and paperwork. These issues at an exosystem level seemed to link to austerity measures, neoliberalism and statutory guidance at a macrosystem level, as will be discussed below.

Statutory Visiting Timescales

Social workers usually based the reasoning for the frequency of visits on the minimum timescales set out in government policy (DfE, 2015b). Most social workers I spoke with said they would like to visit the children on their caseloads more frequently than this minimum frequency. Government policy relating to statutory visits to children in care is explicitly in place to support good quality relationships between children and their social workers (DfE, 2015b). Unfortunately, in practice, rather than being a minimum frequency, statutory visiting timescales seem to limit the number of visits social workers make. In turn, this impacts on the quality of the time spent with children; for example, one social worker said she felt unable to provide emotional support because the length of time between statutory visits meant she risked leaving them emotionally vulnerable. Therefore, rather than supporting relationships with children statutory visiting guidance, or at least the way the timescales associated with this guidance are being interpreted in practice, may be limiting both the quantity and quality of time that social workers spend with children. Rather than visiting in line with statutory timescales, social workers need to be able to carry out visits at the regularity children want and need, which includes having permission to spend time having fun with children to get to know them well.

While social workers and children alike spoke about wanting more time together to build and sustain good relationships, government policy has been updated to reduce the minimum

frequency of statutory visits by social workers to children in long-term settled placements (DfE, 2015a). Social workers interviewed identified there were very few children who wanted reduced social work involvement in their lives and all social workers were visiting the children they discussed on at least a six-weekly basis. Rather than wanting reduced visiting, social workers perceived most children wanted more contact with them than the statutory minimum visits. As already discussed, when children were consulted by the government about plans to reduce social work visits for children in long-term placements the majority were clear they did not want this (DfE, 2015a; The Who Cares? Trust, 2013). Kiana and Jack, who were both in relatively settled placements, also identified that their social worker continued to play an important role in their lives, regardless of their placement status. Therefore, there appears to be a perception that the social work role is less important when children are in settled placements, which may not accurately represent what children want. Returning to the earlier discussion around emotional and physical permanence, this perception that children in settled placements no longer need social work support appears to be based solely on the child's placement status, or physical permanence. Instead I would argue the amount of time a social worker needs to spend with a child should be understood in the context of the social worker's current role in that young person's support network.

Caseloads

Social workers identified the number of cases they held as the main barrier to having enough time with children. The perception of social workers who had been in the role for at least five years was that their caseload has increased over this time. One manager interviewed identified that staff on their team held an average of 24 cases each. This average caseload is significantly higher than the average caseload of 17.8 reported by the government in the Children and Family Social Work Workforce report (DfE, 2018c); although caution is needed when interpreting these figures because they are not specific to children in care. Using figures from previous research suggests there may be a recent increase in caseloads in looked after children teams. The Social Work Task Force found an average of 15 cases per social worker in 2009 and a survey by Unison found an average of 21 cases per social worker in children looked after teams in 2014 (UNISON, 2014; Social Work Task Force, 2009). Due to the range of caseloads in this study it is not possible to be specific about how much caseloads may have risen, but the perception of social workers that caseloads are higher now than 10 years ago appears to be reasonable. A likely reason for higher caseloads is that the number of children in care is rising, which has been linked to the 'Baby P' effect, austerity measures, and demographic trends including a rise of unaccompanied asylum seeking children (Bywaters *et al.*, 2017; Jones, 2014; Education Committee, 2017).

The perspective of social workers is that as caseloads rise, it reduces the time they can spend with each individual child, which was backed-up in the evaluation of social work practices (Stanley *et al.*, 2013). One manager in this study said social workers on their team hold an average of 24 cases each, which they estimated to mean they have less than one hour per week for all work with each child. This estimation is close to research which found that when social workers had 21 cases it gave them just under two hours a week per child (Dickens *et al.*, 2015). The number of cases held seemed dependent on either the experience of the worker, with newly qualified workers holding the fewest cases; the workers contract, with agency staff holding the most cases; and the local authority they worked in, with one local authority having significantly lower caseloads than the other two. The difference in caseloads between local authorities suggests that some may have increased the number of social workers in line with rising numbers of children in care, signifying this is an issue that may be manageable at an organisational level. However, it is difficult for local authorities to set appropriate caseloads due to the complexities involved in identifying an ideal number of cases per social worker (Social Work Task Force, 2009; ADCS, 2015). Caseload management is a complex issue and it seems further research is needed to support local authorities to identify appropriate caseloads for social workers, which allow enough time for relationship-building.

Austerity

Two professionals talked about the impact of austerity; making links to a rise in the number of cases they held and a perception that there were fewer support services available to children in care. A link between austerity and the rise in numbers of children both in care and subject to child protection processes as a result of poverty and cuts to early intervention services has been suggested in previous research (Bywaters *et al.*, 2017; Featherstone *et al.*, 2017). However, the impact of austerity on children living in care is less well established. Spending on children in care has risen by 22% in real terms since 2009, and is predicted to rise by a further £368 million over the next year (DfE, 2018f; Kelly *et al.*, 2018). In the same period the number of children in care has risen by 22%, suggesting that spending has risen in line with the increasing numbers. Austerity alone then may not fully explain why caseloads have increased.

One explanation for rising caseloads could be the increasing cost of placements (ADCS, 2017). Increasing placement costs could mean that proportionally more money is being

spent on placements than on social worker support to children. Arguably, the rising cost of placements may be due to an increased use of independent fostering agencies from both private and charitable sectors to provide placements for children (Education Committee, 2017). Superficially, private sector placements are costlier for local authorities, and there is concern about the profit some private sector agencies may be making and the way some charity agencies are using surpluses from fostering income (ADCS, 2017). However, it is unlikely to be as simple as this because austerity measures have also been linked to the rising cost of essentials, including petrol and food, resulting in rising costs for providing placements (Bradshaw *et al.*, 2017). Additionally, comparisons between the cost of public sector and private agency placement costs are not straightforward as headline costs do not always take into account, for example, local authority overheads for the provision of in-house fostering services (Narey and Owen, 2018; Comptroller and Auditor General, 2014). Therefore, more research could unpick the relationship between austerity, rising numbers of children in care, rising caseloads and the impact this may have on the quantity of time social workers can spend with children.

While overall spending on children in care has increased in line with the numbers in care, funding for all children's services, excluding schools and early years, is reported to have reduced by a third per child since 2010 (National Children's Bureau, 2019) and spending across children's services has been reported to have reduced by 20% per head since 2009 (Kelly *et al.*, 2018). The majority of cuts have been made in non-statutory services, with a real-term reduction in spending of over 60% since 2009 (Kelly *et al.*, 2018). In practice, social workers identified that cuts to other services meant that they were having to take on more varied roles within each child's support network. For example, one social worker said services for supporting children at risk of sexual exploitation had been cut, meaning social workers were now carrying out this specialist role. Another worker talked about reductions in Virtual School services, meaning that social workers were taking on additional tasks such as PEPs and liaising with schools over placements. Thus, cuts to non-statutory services seem to result in social workers carrying out more roles in children's support system and to increase the time they need for each child. Therefore, investing in other services in the mesosystem could reduce the number of tasks social workers need to carry out and increase the amount of time that they can spend with children. Additionally, austerity measures were also identified to impact on the quality of time they could spend with children. For example, because of local authority budget cuts social workers were no longer able to spend money on activities with children, like going to the zoo or sharing a meal.

Distance and Place

The distance children are placed away from the local authority was also identified to have an impact on social worker time. Statistics suggest that 19% of all children in care are living in placements more than 20 miles from home, and 41% outside of the local authority boundary (DfE, 2018a). Social workers perceive that when children live locally to the office it facilitates building better relationships because they can easily drop into the office and the social worker can make extra visits if needed. This builds on the importance of place identified during the pilot of Social Work Practices in England, where an accessible and welcoming local office space was identified to help build relationships and help children feel valued (Stanley *et al.*, 2016). Conversely, when children are based in placements a distance away from their home, social workers perceived it limited the time they can spend with that child, as well as opportunities to respond to immediate need. Additionally, social workers I spoke with said travelling long distances also reduces the time they have available to spend with other children on their caseload.

A systematic review of research (Rock *et al.*, 2015) identified that placing children at a distance from home disrupts their support networks, leading to a higher risk of placement instability. A possible explanation for this might be the negative impact placing children at a distance from their home was perceived to have on their relationship with their social worker. As discussed in Chapter 2, this has potentially the most significant impact on those children placed in residential care. These children are both more likely to be placed more than 20 miles from home (DfE, 2018a), and to have the most significant support needs (Narey, 2016). Arguably then, this group are most in need of a good relationship with their social worker yet, by virtue of being further from home, the quality of the relationship they have with their worker is at risk of being poorer than for a child who is physically placed nearer to home.

Paperwork

Another area all social workers identified to impact on the amount of time they had to spend with children was an increase in paperwork. Social workers and managers mentioned that increasing use of private sector placements, alongside a perception that there is more competition for placements, has led to an increase in the complexity of paperwork needed to access increasingly limited resources. More children coming into care alongside a decrease in approved foster carers has led to a reported national shortage of placements (Ofsted, 2018a), which backs up interviewee perceptions that there is more competition for each placement. Local authorities have been criticised for not strategically commissioning to

ensure sufficiency of placements across both the public and private sectors, suggesting that local authorities could make better use of partnerships and consortia to manage placement markets (DfE, 2018d; Narey and Owen, 2018). However, this is possibly also an example of neoliberalism, where the blame for placement shortages is being diverted away from the state to be the fault of local authorities for not understanding how to manage markets effectively and agencies for failing to recruit enough carers.

Local practice for securing placements was also raised in the interviews. Namely, social workers in one local authority talked about the time it took to apply for and review placements in the private sector via a resource panel. Interviewees reported they were spending significantly more time completing required administration tasks and attending resource panel meetings to justify using private sector rather than public sector resources. With increasing use of the private sector, local authorities could review internal processes to ensure that social worker time is not spent on unnecessary administrative tasks, such as only requiring them to justify spending money on a placement that is outside a commissioning agreement in place. While the increasing use of private sector placements and competition for placements has been noted elsewhere, the administrative burden caused directly to social workers does not seem to have previously been highlighted.

A second area linked by social workers to an increase in paperwork was the number of assessments they were expected to carry out. Social workers recognised that assessment as a process was an underlying part of their job; what they were talking about here was the requirement to carry out formal assessments, and the paperwork associated with this. Government guidance states that an assessment of need should be carried out when a child comes into care, if a return home or change of placement is planned, and to inform the pathway plan. The care plan is based on this assessment and reviewed regularly as part of care planning and review process (DfE, 2015b). However, there is some ambiguity in the guidance, as it also states that care plans and reviews should always be based on an up to date assessment of the child's needs, implying that regular assessments should be carried out. This ambiguity appears to influence local authorities' expectations about the number of formal assessments of need social workers are required to carry out.

In one local authority social workers were required to complete an assessment of need on an annual basis to inform care planning for the child. Social workers perceived this requirement to be a duplication of the work they carried out as part of reviewing the care

plan and through analysis of their work during supervision. However, Ofsted (2018b) have criticised local authorities where there have not been regularly updated assessments, which may put pressure on local authorities to build-in regular formal reassessments of need. In a second local authority social workers reported the requirement for formal assessments to be completed had increased following a new senior manager joining the service. In this case, social workers said formal assessments were required for *every* decision they made; for example, to justify a change in contact arrangements or decide if a child could stay with a friend overnight. Needing to justify decisions in this way suggests a lack of trust in social workers' professional judgement. An increased emphasis on following procedures and recording actions, rather than on the process of the work and trust in professional judgement, was linked in Chapter 3 to how child abuse scandals have been reported in the press (Parton, 2004; Balen and Masson, 2008).

Within child protection services there has been recognition that to facilitate relationship-based practice there needs to be a reduction in the amount of paperwork social workers are required to complete (Munro, 2011b). However, while paperwork in relation to assessments has been streamlined for referrals to child protection services, this appears not to have transferred across to children in care services. The perception of social workers and managers in this study is that administrative requirements have increased rather than decreased. The difference in requirements for completing formal assessments and applying for independent sector placements between two of the local authorities involved in this study suggest this is an area that local authorities have some control over and could review to create more time for relationship-building. Government policy could also clarify expectations of formal assessments by social workers in work with children in long-term care to ensure that assessment fulfils the needs of the child, rather than being based either on the need for the organisation to justify decision-making or satisfy their regulator. Therefore, in social work with children in care, there seems to still need to be a shift from "doing things right" to "doing the right thing" (Parton, 2014, p123).

Prioritising

Due to time-limitations, social workers and managers alike talked about needing to prioritise their time more effectively. However, there was some confusion, even within individual interviews, over whether social workers should prioritise completing statutory tasks or relationship-building. Despite increasing caseloads, one manager perceived that social workers do have enough time to carry out their role effectively; it was down to the social

worker to prioritise their workload better. Social workers being blamed for not managing their time effectively enough has been a common theme in referrals to the Health and Care Professions Council (HCPC). Sanctions have been put into place on the basis that social workers have failed to meet timescales in relation to their statutory aspects of their role, including in cases where social workers have highlighted to managers, prior to the alleged misconduct, that children may be at risk because they felt unable to safely manage their caseloads (Health and Care Professions Tribunal Service, 2017; 2018a;b;c;d). Therefore, it appears that the responsibility for prioritising time to meet children's needs is increasingly being placed onto the social worker. This is consistent with 'responsibilisation', identified in Chapter 3 as an aspect of neoliberalism, whereby responsibility is placed on the individual and diverted away from wider systems, including the government or welfare state (Liebenberg *et al.*, 2015, p1009). While there appears to be, in practice, increasing responsibility on the social worker to prioritise their caseload more effectively, the analysis above suggests that the time social workers have available for children is being influenced by issues at other system levels, which are insufficiently acknowledged.

Rather than social workers failing to meet children's needs due to a lack of prioritisation, there were many examples of social workers "doing the right thing", despite contextual constraints (Parton, 2014, p123). To make time for relationship-building social workers talked about making sacrifices in relation to both their professional development and personal wellbeing. One example of this is seen through the significant difficulty faced in recruiting social workers to this study, which was particularly well expressed by one social worker, quoted in in Chapter 4 who wanted to take part but could not find the time to do so. Most social workers disclosed consistently working significantly more than a full-time working week. Recent research also found that 92% of social workers are working nearly 10 hours over their full-time contracted hours per week (Ravalier, 2018). One social worker recounted continuing to work when a family member was seriously ill and a few discussed coming into work when they were unwell. Again, this finding is mirrored in recent research, which found that some two-thirds of children and families social workers had come into work at least twice when ill in the last year (Ravalier, 2018). As a result, social workers I spoke with talked about regularly feeling both physically and emotionally exhausted.

These issues are not new and have been linked to social worker burnout and retention (UNISON, 2014; Ravalier, 2018). The social workers I spoke with accepted there would be times when they would need to work additional hours to meet a child's needs, and that working in this role would have some impact on their personal life: this is what professional

occupations entail. What they were less accepting of was the *expectation* that they would work a significant number of extra hours over an extended period; suggesting there was a culture in organisations where doing more than contracted hours has become an expected part of doing a good job, rather than being an exceptional commitment to the children by the social worker. Again, this seems to be an example of 'responsibilisation', as it places responsibility on the social worker, rather than on the organisation, to make enough time for children.

Ultimately, not having enough time to spend with each child, and consistently working additional hours, was reported to have a detrimental effect both on the wellbeing of the social workers and the children they were working with. All the social workers said how time-limitations result in them working reactively, rather than proactively; meaning they were responding to crises rather than being able to plan effectively for children's needs. Other studies have also found that time-limitations can impact on effective planning and building relationships, which in turn can limit children's participation and increases the risk of placement breakdown (Norgate *et al.*, 2012; Beckett *et al.*, 2007; Pölkki *et al.*, 2012; Winter, 2009). One experienced social worker reported in the interview that they had decided to leave the profession because time-pressures meant they no longer felt able to provide the quality of service that they wanted to children in their care, resulting in them feeling continually tearful and stressed. A recent survey of children's social workers and managers found that high levels of demand are causing stress and that 55% of children's social workers are considering leaving the social work profession entirely within the next 13 months (Ravalier, 2018). Latest government workforce figures indicate that the number of social workers leaving their current job has increased by 16% over the last year (DfE, 2019). Therefore, time-limitations seem to have an impact on both the quality and stability of relationships social workers build with children in care.

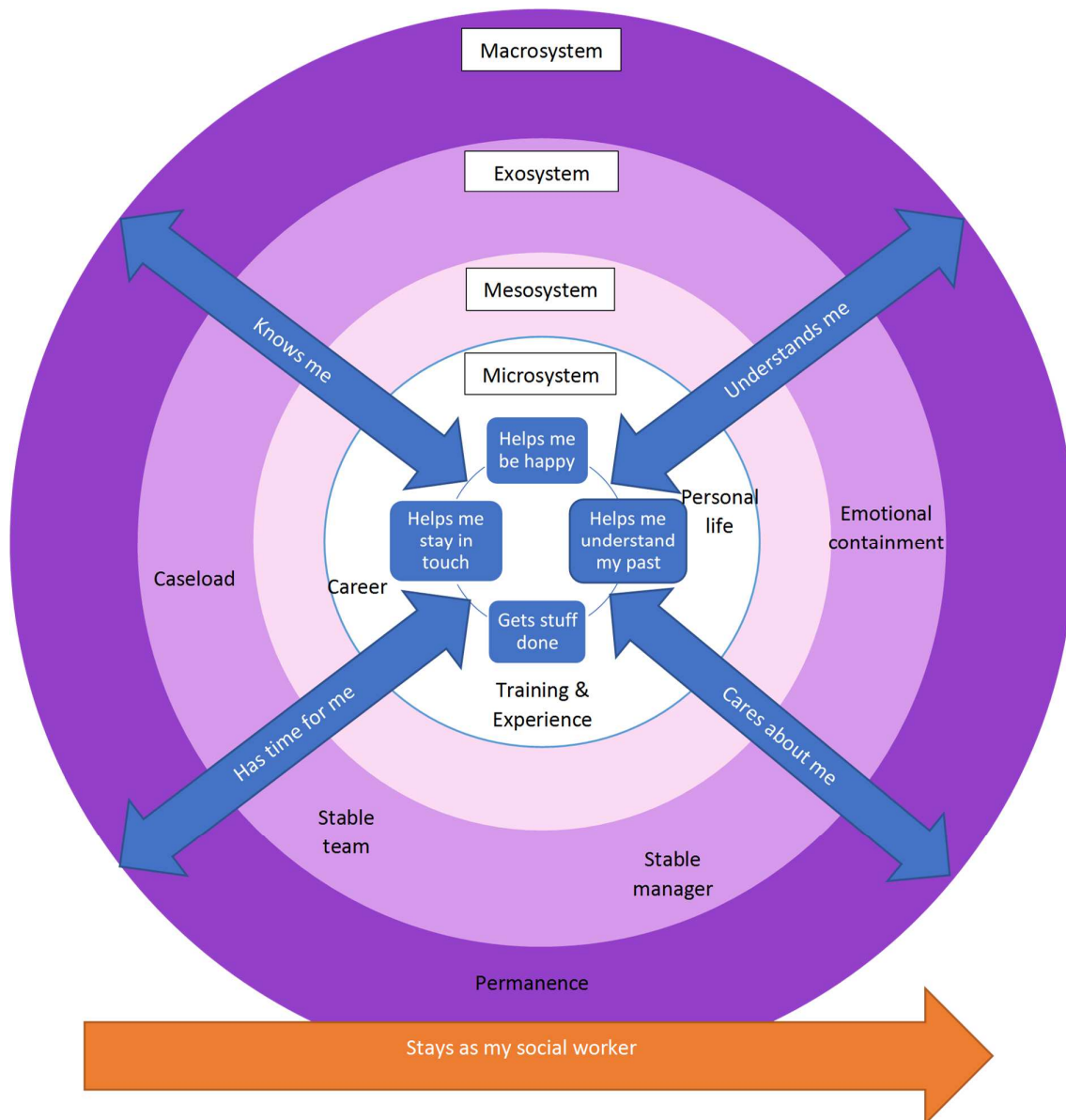
'Stays as My Social Worker'

Underpinning all the above aspects of the relationship was the importance of social worker stability, termed in the model as 'stays as my social worker'. This represents the chronosystem within the ecological approach, which considers how non-normative transitions may impact on child development (Bronfenbrenner, 1986). In the previous chapter it was argued that reducing the number of non-normative transitions experienced by a child helped to build trusting relationships in the microsystem, supporting subjective wellbeing. The children in this study, and in other research, also highlighted the centrality of

social worker stability as part of building a trusting relationships (Selwyn *et al.*, 2018). As already established, due to the emphasis on achieving permanence and improving educational outcomes for children in care, government policy in England focusses on achieving placement stability for children in care, meaning less is known about the reasons for social worker changes. While the Children's Commissioner for England (2018a) has begun to gather information on social worker stability over the past two years, their analysis has found that social worker changes are difficult to explain, although seem likely to be linked to organisational factors.

Organisational factors have been linked in recent research to social workers' levels of stress and anxiety, concluding that levels of anxiety and stress were lower in local authorities with smaller teams and good organisational support (Antonopoulou *et al.*, 2017). Social worker and manager perceptions about the factors that influence the stability of social workers have been explored as part of this study and throughout this chapter links have been made between the stability of social workers and other factors in their work environment. For example, high workloads were argued to impact on the time social workers have available, resulting in social workers feeling tired and stressed; and a lack of reflective supervision has been argued to impact negatively on emotional resilience, leading to social workers either considering leaving, or in one case actively leaving, the profession. Significantly, organisations do not seem to value the stability of social workers for children in care in the same way that they do stability of placement. Additionally, social workers suggested their personal life, training and experience, and organisational stability influenced their stability in the role, as is depicted in Figure 18.

Figure 18: Map of contextual conditions impacting on social worker stability



Personal Life

Some social workers acknowledged that their personal lives had an impact on their ability to manage. For instance, a few social workers talked about how support from their families helped them to manage stress at work. Conversely, others mentioned how stress in their personal lives made it more difficult to manage the stress at work. In one case a social worker's decision to leave the profession was partly linked to stress they had been experiencing at home. Support from significant others at home and maintaining "an

important life outside of work” have been identified as active coping strategies for social workers experiencing stress in the workplace (Nordick, 2002, p96; Aclaro-Lapidario, 2007). Despite this, in a systematic review looking at social worker resilience, support at an individual level has been found to be less important to the retention of social workers than factors at an organisational level, including workload, manager and colleague support (McFadden *et al.*, 2015). This suggests, if social workers feel supported at work, they are more likely to remain in post despite problems in their personal lives.

Social workers' choices in their personal lives, such as to have a family, were also identified to impact on their stability in the role. One manager spoke about instability in her team because of social workers taking maternity leave. Previous research also recognised that not all staff turnover is related to job stress: some turnover is natural, and may be unrelated to either the role or the organisation (Webb and Carpenter, 2012). Managers seemed to expect that social workers with children in care would make a personal commitment to remain on the team for at least three years. Work with children in care, therefore, seemed to be perceived as different from other aspects of child care social work, for example child protection, and from a manager's perspective, individual social workers should remain committed to the children. This commitment was shared by many of the social workers that I spoke with, some of whom were making choices that could impact on their career progression to remain as a stable presence in a child's life.

Training and Experience

Despite individual social worker's commitment to provide stability for children, and managers' expectations that social workers who worked with children in care would make this commitment, the same commitment to stability was not always shared at an organisational level. One social worker identified that, to promote retention of social workers within the local authority, it was expected that social workers would move teams on a regular basis. Rotation strategies have been found in research to help retain workers in high-stress teams, such as child protection (Westbrook *et al.*, 2006). However, while rotation strategies may help to retain social workers within the local authority, for children in long-term care it means more frequent changes of worker. Consequently, rotation strategies appear to meet the needs of the organisation rather than the needs of children, and local authorities who use such strategies should consider whether they are appropriate for use in children in care teams.

As previously identified, half the social workers discussed putting their own plans for career progression on hold in recognition of the importance of maintaining a stable relationship with children. Previous research has identified that not all social workers want to become managers and that there need to be alternative career routes that allow social workers to remain in frontline practice (Social Work Task Force, 2009). The Professional Capabilities Framework was developed to increase opportunities for continuing professional development and to provide opportunities for experienced social workers to take on extra responsibility for higher pay, valuing their experience in a frontline role. Those social workers who had been in the role over 5 years discussed how their experience helped them to work effectively with children in care. However, experience was not valued by all the managers interviewed. One manager described experienced social workers as tired, and in one case, advising an experienced worker to leave the profession, while also suggesting they preferred to work with newly qualified social workers because they were “not tired” and “more creative”. This attitude may be partly influenced by government policy over the last few years, which has generally focussed on bringing new workers into the profession rather than retaining experienced workers (Education Committee, 2016).

Feeling valued was identified as important by social workers to staying in the role, and this was demonstrated to them through feeling that their work was appreciated; via their relationship with their manager as well as through being rewarded by the organisation. One social worker talked about feeling valued through receiving an email from the Director of Children’s Services recognising work they had done well. However, financial constraints were identified to be limiting opportunities to reward social workers for their commitment. For example, a manager identified that the local authority was struggling to attract and retain workers because they were paying significantly less than neighbours. Research exploring whether financial rewards contribute to retention is limited, although does suggest that low pay can lead to higher levels of turnover (Webb and Carpenter, 2012). Finances were also limiting smaller gestures that could make a social worker feel valued, including providing refreshments for the team, something that this manager had now committed to buying from their own pocket.

Workplace

All the social workers talked about the importance of having a stable team around them. Team membership has been identified in research as an important part of social workers feeling they are valued and supported (Biggart *et al.*, 2017). Social workers perceived that

changes in the team tended to prompt further changes, so if one person left there often was a pattern of other people leaving. The underlying reason for this was that the change resulted in social workers no longer feeling emotionally contained, supported or safe. This perception is backed up by research that found that when one team member left it tripled the odds of others also leaving (Smith and Clark, 2011). Two main contributing factors were identified as increasing levels of team instability, the reorganisation of services and the use of agency staff. In one local authority there had been a recent restructure, and this was identified as resulting in several social workers leaving. While initiatives such as the social work innovation fund seek to improve practice (DfE, 2014c), there may be a risk that organisational changes resulting from such initiatives could de-stabilise the workforce.

Most social workers and managers reflected on the use of agency staff in their teams. They identified that agency staff did not provide the level of stability that children in care needed. There was concern that while agency staff may be able to cover the 'task' aspects of the social work role, they were not able to provide the 'care' aspects, because neither the child nor the worker found it easy to invest in a relationship that they knew was going to end. Social workers also identified the destabilising effect that the use of agency staff had on their teams and perception of support within their teams. Recruitment and retention of permanent social workers is a national issue and data suggests that local authorities are finding it increasingly difficult to recruit and retain staff, particularly in children's social work. As a result, local authorities are increasingly needing to rely on agency staff (Local Government Association, 2017; Social Work Task Force, 2009; London Borough of Lewisham, 2018). Social workers thought local authorities could have more control over their use of agency staff with children in care. Specifically, they identified that agency staff were often used to fill posts during delays agreeing funding for permanent staff. Increasing understanding of the importance of the caring aspect of social worker relationships with children could support organisations to prioritise filling posts with children in care with permanent rather than agency staff.

To provide the type of relationship children are seeking from them, social workers seem to need similar relationships within their work environment. This includes having a stable relationship with their manager, within which they feel known and valued, and a stable support network including their team. Therefore, the relationships that social workers need in their work environment seem to mirror those that the children identified as important for their wellbeing. Previous research has found similar results, although using the secure base model rather than an ecological approach (Biggart *et al.*, 2017). Findings from my study

suggest social workers want to feel valued (cared for), known, understood and for their manager to have time for them.

Prioritisation of Relationship-Building in Practice

The social work role with children in care is outlined by the government in statutory guidance (DfE, 2015b). On the surface this guidance resembles the role as described by children in care: notably, 'helps make me happy' and 'helps me keep in touch with people who are important to me' are part of care planning for a child, and 'gets stuff done' is part of the care plan review. Relationship-building is also recognised in government policy as part of the social work role; the purpose of statutory visits is to maintain a relationship between the child and the social worker. However, in practice, the role as outlined in government policy at a macrosystem level does not seem to be meeting the needs of children at a microsystem level. In Chapter 6 the social work role with children in care was explored from the perspective of social workers and managers and summarised into six themes; complete statutory tasks, case manager, decision-maker, facilitator, direct work, and relationship-building. These roles appeared to conflict with each other (Figure 9).

Having already identified the social worker role from children's perspectives, and by using the literature review to consider the way the social work role is described at a government policy level, the extent to which relationship-building forms part of the social work role can now be considered. This section therefore analyses the *contextual* and *implicative* influences on relationship formation (Coman and Devaney, 2011). Contextual influences are those which flow from the macrosystem down through the system, and therefore are primarily represented by contextual conditions present at a macrosystem level including government policy guidance setting out expectations of the social work role. Implicative influences are those which flow from the microsystem level up and are, therefore, represented by contextual conditions identified at a microsystem level, including children's expectations of the social work role. Through this process it will be possible to analyse the extent to which relationships between children and social workers are prioritised within the social work role in practice.

Conflict Between Statutory and Relationship-Building Roles

The social work role with children in care is outlined in government policy, and the purpose of the guidance is to ensure that children's needs are met (DfE, 2015b). Despite this,

children want social workers to prioritise the 'like a friend' aspect of the role over the completion of these statutory tasks. The friend role, described by children, includes social workers caring about them, having time for them, knowing them and understanding them. This is like the 'relationship-building' role identified by social workers. Despite this, social workers feel they are not always able to form this type of relationship with children because the emphasis in practice is on completing statutory tasks within set timescales. While government policy has been developed with the intention of improving outcomes for children and ensuring children have good relationships with their social worker, the way statutory tasks are monitored through timescales seems to result in the completion of statutory tasks being prioritised over relationship-building.

The rising numbers of children coming into and remaining in the care system, alongside reductions in non-statutory social work services, appear to combine to reduce the amount of time social workers can spend with children and also result in a greater emphasis on the completion of tasks over relationship-building. At present, therefore, contextual influences, which at macrosystem and exosystem levels emphasise task completion, appear to be stronger than implicative influences, which emphasise relationship-building at a microsystem level within the ecological system. An awareness of what children in long-term care need from their relationship with their social worker at all system levels is needed to strengthen the implicative influence. As this aspect appears to be mainly mediated by the time social workers have available, it suggests there is a need to increase capacity within the system to enable workers to spend more time with children.

Conflict Between Decision-Maker and Facilitator Roles

The 'decision maker' role was described by the social workers in Chapter 6 as their responsibility to make decisions about children, which was argued to be influenced by concepts of corporate parenting and parental responsibility. In contrast, for the children, it was important that social workers facilitate them to make decisions; which they describe as the social worker roles to 'help make me happy' and 'help me stay in touch with people'. These aspects of the role as described by children are closer to what the social workers described as a facilitation role. Facilitation is underpinned by the UN Convention on the Rights of the Child (2009) and Children Act (1989), which both state children's views should be taken into account in decisions made about their care. Whether a social worker took a decision-maker or facilitator role seemed to depend on the quality of the relationship between the child and their social worker, particularly the extent the child felt their social

worker knew and understood them. For instance, there were examples of social workers making decisions children disagreed with and still managing to maintain a positive relationship when children felt their social worker knew them and understood what they needed. Knowing and understanding a child, therefore, seems to move the role away from making decisions about a child to facilitating the child to contribute to decision-making.

Conflict Between Case Manager and Direct Work Roles

The 'case manager' role, as described by the social workers, appears to be underpinned by concepts of neoliberalism. In practice, a case manager role seems to minimise the importance of the social worker providing practical and emotional support to children. Consequently, there is increasing focus on the social worker managing a child's care plan rather than taking an active role in the support network. The social work role to take on the 'task' aspects of parenting, as explored above within corporate parenting, and understandings of emotional permanence within which relationships with carers have taken precedence, appear to be acting to reduce the social work role in caring for a child. As a result, some social workers are questioning whether it is appropriate to take a caring role, leading to a perception that their role should be to arrange for others in the support network to provide care, rather than taking on the caring aspect of the role themselves. In practice, the 'case manager' role risks reducing the amount of time social workers spend carrying out 'direct work' with children, including life-story work, which was an important part of the role as perceived by the children.

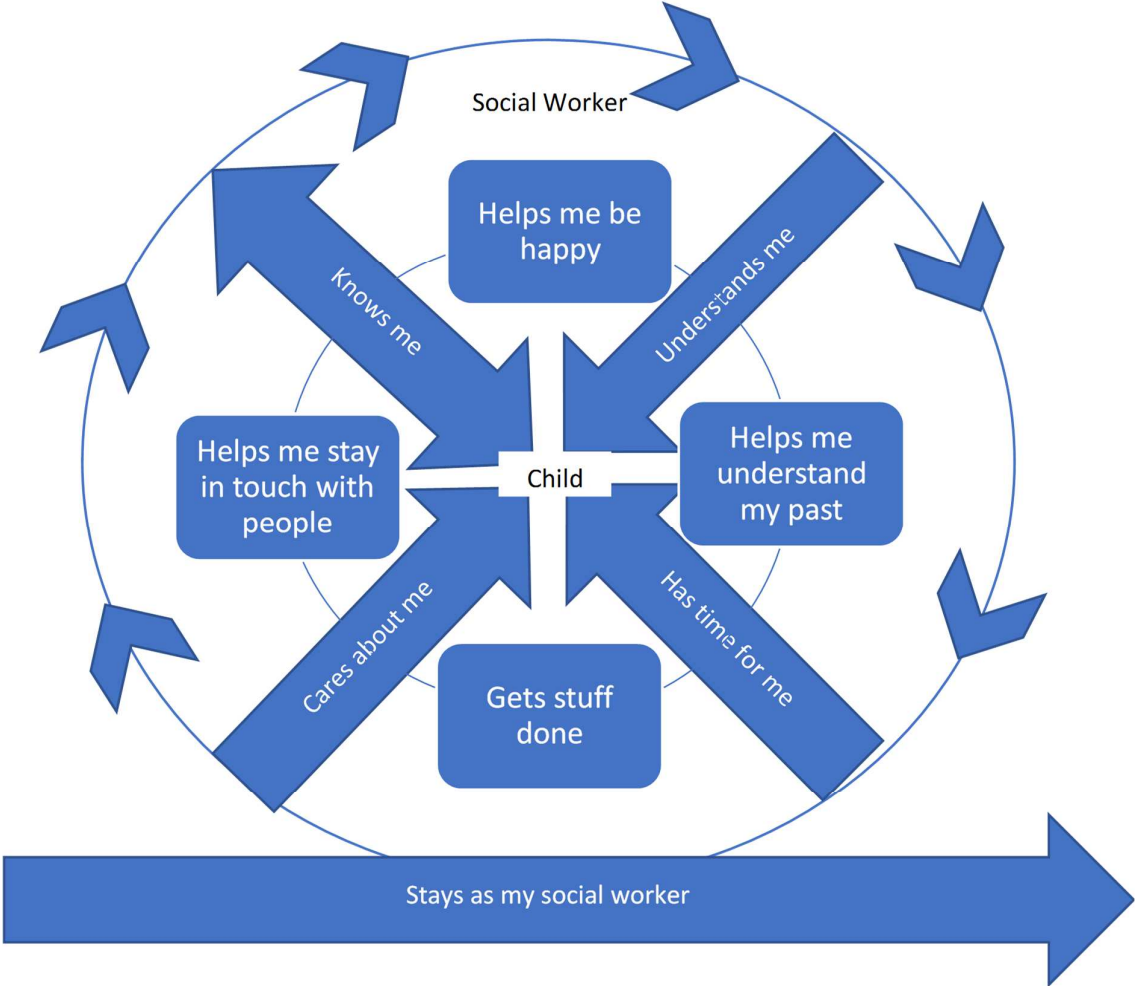
As explored in the previous chapter, for children to do well in care they need a stable support network of good quality relationships. While the support network is different for each child, the social worker seems likely to be an important part. For the children in this study, and previous research, feeling their social worker cares about them is an important part of that relationship. To allow social workers to care about children requires an extension of current thinking about permanence to include all the relationships within each individual child's support network, including the social worker. Additionally, social workers need to be provided with reflective supervision where they can reflect on their role in each individual child's network, as well as their use of self within the relationship.

Conclusion

The analysis in this study suggests contextual influences are working more strongly than implicative influences through the system. Consequently, the aspects of the role that social workers are primarily enacting in practice are those linked to completing statutory tasks, decision-making and case management. These aspects of the role are driven by underlying conditions of neoliberalism, child abuse scandals, managerialism and permanence, which combine to minimise the importance of the social work role in a child's support network and concentrate on the completion of tasks rather than relationship-building. The implicative influences relating to what the child wants the social worker to do are present but seem weaker. Social worker descriptions of facilitator, direct work and relationship-building roles are closely linked to the social work role as described by the children of 'helps make me happy', 'helps me stay in touch with people', 'gets stuff done' and 'helps me understand my past'.

The quality of the relationship between social workers and children appears to mediate between these conflicting aspects of the role. When a social worker knows and understands the child, they can take a facilitator role. When a social worker has time for a child it means they have time to carry out direct work. Therefore, the relationship the social worker has with a child tends to influence how they carry out their role. Due to this, the relationship between the child and the social worker was identified in this research as the mechanism through which the 'tasks' aspects of the social work role are enacted. The quality of the relationship also seems to be dependent on each aspect being present. So, to get to know a child the social worker needs time, to understand a child the social worker needs to know them, to demonstrate care about a child the social worker needs to understand them. When the child feels their social worker cares about them, they seem more able to engage in a reciprocal relationship (see Figure 19).

Figure 19: Microsystem model depicting co-dependency of relationship factors



10: CONCLUSION

Introduction

Having presented a discussion of the research findings, the conclusion summarises these and considers the implications for policy and practice with children in long-term care. Finally, areas for future research will be suggested. First, the strengths and limitations of the study are considered, including issues relating to the sample and methodology chosen.

Study Limitations and Strengths

Sample

In Chapter 4 I outlined the recruitment difficulties faced in the study resulting in three child participants, which has the potential to limit the importance of the findings. Due to the small number of child participants, a case study method was chosen to analyse the data. This enabled detailed exploration of each child's support network and an in-depth understanding of the social worker's role in their support networks, which is unlikely to have been possible with large numbers of participants and a different analytic strategy.

The small number of social worker and manager participants also potentially limits the importance of the findings. Some social workers who wanted to take part were unable to because they did not have the time. Therefore, the difficulty accessing research participants can also be considered a research finding because, arguably, it demonstrates the time-limitations present at a microsystem level. The findings combining views of social workers and managers were generally consistent with previous research and the interviews with social workers appeared to have reached a degree of saturation, with no new major issues coming out of the last two interviews completed. Therefore, despite the recruitment difficulties, the findings seem likely to be relevant to practice with children in care and the work can make a significant original contribution to knowledge.

Methodology

There are few examples of critical realism being used as a methodology to underpin social work research. Using a critical realist approach allowed an exploration of the relationship between social workers and children within a practice context. Consequently, links could be made between policy, organisational and administrative factors on relationship-formation in a

way that is unlikely to have been possible using a different methodology. Using a methodology that is still evolving in an area of research means there are few studies to base the interpretation on. Therefore, the way the methodology and methods were applied, particularly in terms of how each level of the social world was described, is open to potential criticism. Despite this, there is also potential the study can contribute to the development of a critical realist methodology and its application to social work research.

Critical realism links closely with the ecological approach chosen as the main theoretical framework for the study. The ecological approach has been criticised as a research method due to the large number of factors involved meaning, rather than simplifying social structures which is the aim of most research methodologies, it can be complex to use (Sidebotham, 2001). This study tried to address these concerns by concentrating only in the intra-agency relationship between children and social workers within the ecological system. By doing so, the voices of other support system members were excluded from the research, which is a limitation that could be addressed in future research. Despite this concern, using a theoretical model close to how social workers think in practice means the research findings are more likely to be applicable to a real-world context.

Summary of Main Research Findings

The study set out to explore the social work role with children in long-term care, how relationship quality contributes towards wellbeing, and the extent that good quality relationships are enabled as part of the social work role. To do this the study addressed five research questions:

1. What have been the major changes in the nature of social work with children in long-term care in the 21st Century?

This question was primarily answered through the literature review, which argued that issues at a macrosystem level, including neoliberalism, managerialism, corporate parenting, austerity, and child abuse scandals, have impacted on policy development throughout this period. Managerialism, which focuses on improving the management of children's social care services, has raised awareness of the importance of timely care planning for children. However, it was also argued to change the social work role from a professional with expertise in relationship-building, to a case manager whose role is to arrange and manage services for a child. This case manager role was argued to be further reinforced through

privatisation of services, which led to more commissioning of services for children in care. Furthermore, demographic factors, the 'Baby P effect' and austerity measures were said to have led to an increase in the numbers of children in care over this period, also risking an increase in workload for social workers. It was argued these policy developments may have combined to reduce the emphasis on, and time available for, relationship-building as part of the social work role with children in care.

While more recently there has been increased attention paid to the importance of relationship-based practice, how this translates into practice with *children in care* was argued to be less well developed than in child protection settings. The social work role with children in long-term care seems particularly unclear; in some policies the social worker is enacting the role of a parent by providing children with a stable and caring relationship, while in others they are acting as a case manager arranging stable and consistent services in other parts of the support network. The importance of children having a stable relationship with their social worker has been highlighted regularly in both policy and research. However, apart from the pilot of social work practices, there has been little government attention paid to improving the stability of relationships for children in care with social workers; either through the development of indicators to measure this or through other policy developments to encourage the retention of social workers. It was argued that a concentration on the 'task' rather than 'caring' aspects of the social work role could contribute to a lack of focus on stability of relationships between social workers and children in care in both policy and practice.

2. What is the current social work role with children in long-term care according to policy statements, social work managers, social workers and children?

Children described four social work tasks that support their wellbeing in care; 'helps make me happy', 'helps me stay in touch with people', 'helps me understand my past', and 'gets stuff done'. 'Helps make me happy' refers to ensuring children were in the right placement and had a good quality support network. 'Helps me stay in touch with people' describes the process of arranging contact for children with people important to them. Those important to the children in this study included siblings, extended birth family members such as grandparents, friends and previous carers. 'Helps me understand my past' describes the need for social workers to support children to understand why they are in care and was identified as ongoing task, rather than a discrete piece of work. 'Gets stuff done' refers to the importance of social workers following through on tasks that they have promised to

complete. Social workers keeping promises was reported to influence building trusting relationships.

The social work role with children in long-term care, according to government policy, is outlined through the statutory tasks that social workers are expected to undertake. These include assessment of a child's needs, care planning and reviews, statutory visits, and Personal Education Plans and Health Plans (DfE, 2015b). The social work role outlined in government policy was identified in the discussion as similar to the role described by children. Despite this, children in this and previous research spoke negatively about social workers who carry out their role only in terms of these statutory tasks. The way statutory tasks are monitored through timescales was identified by social workers and managers as the main barrier to fulfilling the relationship-building aspect of their role. This suggests the way the social work role is enacted in practice is likely to be as, if not more important, than the tasks the role contains. For example, the children I spoke with perceived, for a social worker to effectively manage their care plan, they needed to know them well enough to understand what they need. Therefore, the relationship between the child and the social worker was identified as the mechanism through which the 'task' aspects of the social work role are enacted.

The tension between the social work role at a macrosystem level and microsystem level was recognised in the interviews with social workers and managers. The six main aspects of their role seemed to conflict with each other in practice (Figure 9). For example, there was a perceived conflict between making decisions about a child and facilitating children to make their own decisions, which appeared to be mediated by how well a social worker knew and understood a child. This is an example of how the relationship the social worker has with the child acts as the mechanism through which the 'task' aspects of the social work role are enacted. All social workers will need to make decisions relating to a child, but when there is a good quality relationship in place it seems to facilitate children to contribute.

3. How do children and young people describe their relationship with their social worker in relation to other key people in their network? What aspects of relationships with social workers are important to children and young people and why?

Support networks described by children in this study were like those children in previous studies have described as helping them to do well in care. To build good quality and trusting relationships the support network needs to be stable; therefore, reducing the number of non-

normative transitions in the chronosystem seems important to maximise the quality of relationships in the microsystem. However, it is important to understand the quality of each of these relationships and prioritise supporting those relationships that children identify as important to them. A better understanding of quality of relationships within a child's support network could support social workers when making placement decisions and arranging contact with those important to a child, including previous carers, friends and siblings. The ecomap used as a research instrument in this study would be a simple and effective way for social workers to explore these relationships in direct work with children.

Interestingly, the children in this study each included their social worker as an important part of their support network, regardless of placement status. The children's descriptions of their relationship with their social worker helped to clarify the role their worker played in their support network. The social work role seems to depend on what the child needs, for example to understand their past or maintain contact with people important to them, and what might be missing from the child's support network, for example someone in a parental role. This suggests social workers need to reflect on their role in each child's support network. The ecomap used in this research project is again a simple tool that could be used by social workers in supervision to reflect on the role they are playing in each child's support network.

In cases where social workers play a parental role within a child's support network, the stability of the social worker is likely to be particularly important, especially at times when there is instability in other areas of the network. The care system is underpinned primarily by concepts of permanence, based on traditional understanding of attachment theory, which prioritise a primary attachment figure. The findings here suggest understandings of permanence need to be broadened to recognise children's widening support networks as they got older. This means locating our understanding of permanence within a socio-ecological perspective where providing children with a stable, good quality network of support is most likely to promote resilience (Ungar, 2011). For example, previous research has identified that children experience accelerated transitions on leaving care (Stein, 2006a). Current practice is for children to transfer from a social worker to a leaving care worker at 18-years-old. When children in long-term care are not in a stable placement so do not have the opportunity to maintain stability through either a 'Staying Put' or 'Staying Close' arrangement, the findings from this study suggest it could be important to maintain stability of the social worker.

The quality of relationships between children and social workers was identified as the mechanism through which social workers can carry out their role effectively. Children described wanting a relationship with their social worker that is 'like a friend'. The children identified four main aspects of this relationship; 'has time for me', 'knows me', 'understands me' and 'cares about me'. While these aspects of the relationship are similar to what other children have said in previous research, the way the analysis has been carried out in this research has allowed for a more in-depth understanding about why each aspect is important. For example, while previous research has focused on listening to children and acting on what they say, this research highlights the importance of getting to know a child and understanding what they need. The way the aspects of the relationship are interdependent is also an important finding from this piece of research. Getting to know a child takes time; understanding a child means knowing them well; caring about a child is reliant on understanding them; and when children feel cared about, they want to invest in the relationship with their social worker.

The study identified 'use of self' as the framework through which social workers can provide the type of relationship children are seeking (Dewane, 2006). It was important to children that their social worker knows them well. A key finding in this study is that this aspect of the relationship is reciprocal: to allow a social worker to get to know them required the child also getting to know their social worker. Knowing a child was, therefore, linked to the social worker's use of self-disclosure. Understanding a child was linked to social workers' use of relational dynamics, and primarily how social workers use empathy to understand a child's needs. Caring about a child linked to the way that the social workers acted on their understanding of the child using compassion. This requires an authentic use of self, where social workers present their real personality to children, for example through sharing an emotional response. These findings help to clarify how the 'use of self' is relevant to relationship-based practice in the context of work with children in care.

4. What is the perceived impact of relationships between children and social workers on the wellbeing of children in long-term care?

The findings suggest good quality relationships between children and social workers are important for wellbeing in care. Each aspect of the relationship identified by children could be linked to the wellbeing framework used in this study (Selwyn *et al.*, 2018). When social workers have enough time for relationship-building they seem more able to keep their promises and get to know a child well. When a social worker knows a child well, the child

feels they are being listened to and understood. When a social worker understands a child, they are more likely to put plans in place that the child feels will meet their needs. Thus, when a social worker knows and understands a child well, they are more likely to involve them in decisions and support their rights. When a social worker demonstrates care towards a child, the children report feeling they are important, they matter, and it is worthwhile working towards their future. Therefore, a good quality relationship with a social worker has emerged as integral to all aspects of subjective wellbeing of children in care. Supporting the wellbeing of children in care includes facilitating stable relationships with all support system members, including the social worker, to build resilience. When social workers have this type of relationship with children, they can carry out tasks that children say help their wellbeing in care, including supporting them to recover from past experiences and settle in care.

5. To what extent does the social worker role enable relationships to be formed between children and social workers?

The impact of macrosystem changes since the beginning of this century were linked to the social work role at exosystem and mesosystem levels, and the relationship between a child and their social worker at a microsystem level. The impact of managerialism, particularly performance indicators and timescales associated with statutory tasks, were linked at an exosystem level to the prioritisation of the completion of statutory tasks over relationship-building. At a microsystem level, children talked negatively about the completion of tasks being prioritised over their relationship with their social worker. The timescales associated with statutory tasks appear to be the main barrier to relationship-building in practice. Moving to a wellbeing framework to monitor the performance of local authorities with children in care, such as the 'Bright Spots' instruments developed by Selwyn et al. (2016), has the potential to reduce these barriers to relationship-building, although would need to be subject to further evaluation.

Austerity measures at the macrosystem level were argued to put pressure on the ecological system at both exosystem and mesosystem levels. At an exosystem level, rising numbers of children coming into care were linked to increasing caseloads, meaning social workers have less time to spend with children. The range of caseloads described by social workers in this study suggests local authorities could manage caseloads more effectively. At a mesosystem level, cuts to support services were identified as reducing the number of support system members available to children. Consequently, social workers reported they are carrying out more roles within children's support networks, again reducing the time they have available for relationship-building. Investment in non-statutory services has the potential to both

reduce numbers of children coming into care and increase the support network available to those children in care. To build good quality relationships, social workers need enough time to get to know children well, and children were clear time spent with their social worker needed to be, in their words, fun. Building relationships with children, therefore, means allowing for consideration of both the quality and quantity of time that they spend. While there is often preoccupation with the quantity of time social workers spend with children, there is less focus on the *quality* of this time.

Two aspects of neoliberalism, 'responsibilisation' and privatisation, were identified to influence the quality of relationships social workers can build with children. By emphasising individuals rather than systems, responsibilisation was seen to place increasing emphasis on social workers' capability to carry out their role, which risks diverting responsibility for poor practice away from the wider system to the individual social worker. One example was the emphasis placed on social workers to prioritise their time at a microsystem level. In contrast, findings in this research suggest the time social workers have available for relationship-building is being influenced by issues at mesosystem, exosystem and macrosystem levels. To counteract responsibilisation requires each level of the system to hold responsibility for the wellbeing of children in care, for example by reducing caseloads and paperwork in the exosystem and increasing non-statutory services in the mesosystem, to ensure there is enough time for relationship-building within the social work role.

Increasing privatisation was reported to result in more administration to access placements and more children being placed further from their home, both of which impact on the amount of time that social workers can spend building relationships. In the adult sector increasing privatisation of services has led to social workers taking a care management role, whereby they commission services rather than carrying out direct work. Some social workers seemed unclear about whether they should take a caring role with child in care, or whether their role was to manage the other relationships in a child's support network, which seems to reflect this case management stance. So, increasing privatisation of services was identified to potentially reduce the importance of social workers having a caring role in the lives of children in care. When social workers are perceived not to have a caring role, this in turn minimises the importance given to providing children with social worker stability. Therefore, findings indicate a need to strengthen the direct intervention role of social workers in the lives of children in care. There is potential this could be achieved through the development of strategies to strengthen the 'caring' aspects of the social work role within corporate parenting.

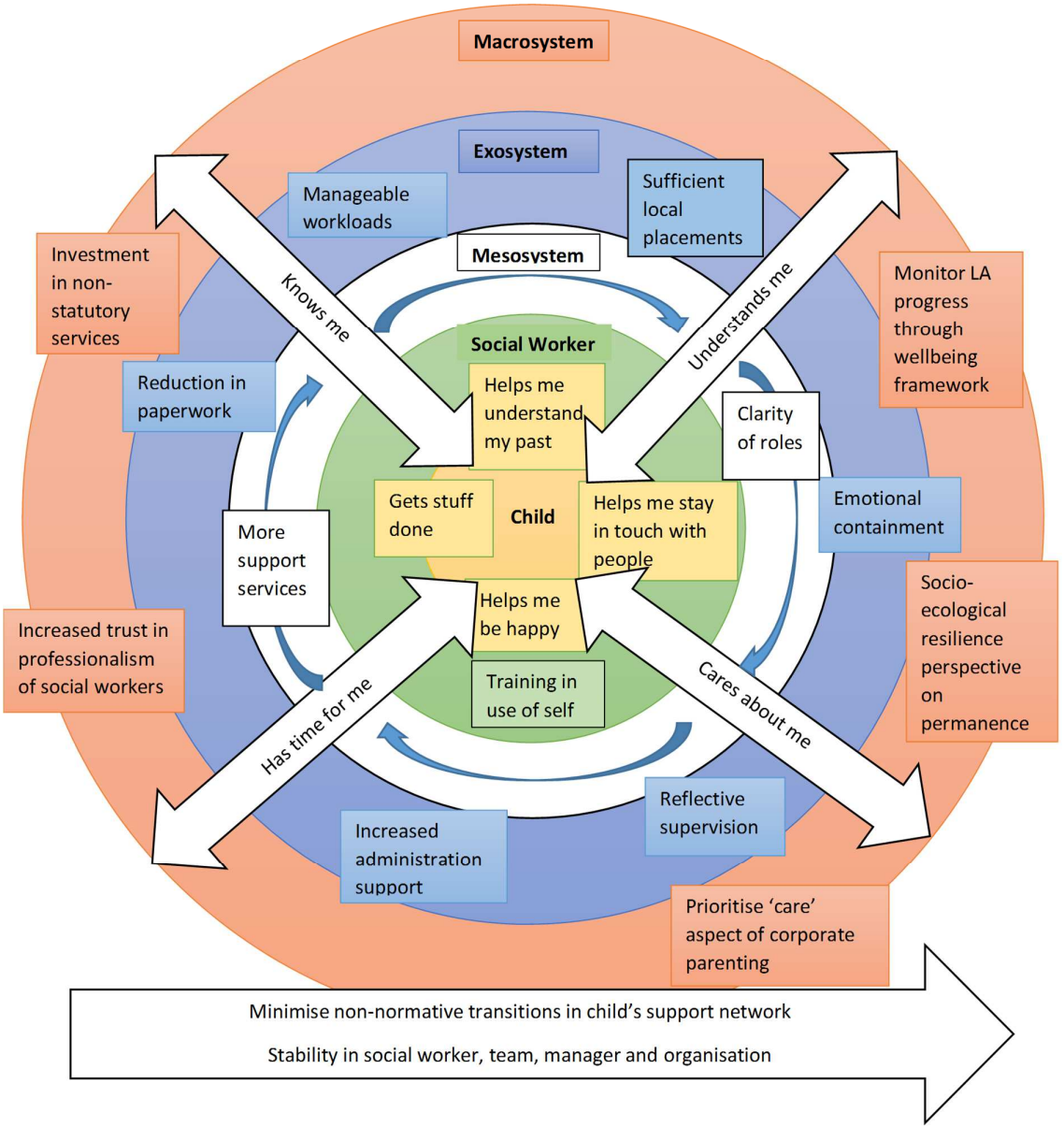
Child abuse scandals led to a culture of mistrust in the professionalism of social workers. For example, negative publicity in relation to social workers has been reported to have made it more difficult to recruit and retain social workers (Jones, 2014). None of the social workers or managers in this study talked directly about child abuse scandals having an impact on recruitment and retention. However, a few talked about how the stigma of being a social worker could make it harder to build relationships with children and their families. Mistrust of social workers has also been reported to result in an emphasis on following procedures and recording actions (Parton, 2014). One example in this study was the requirement for social workers to complete written assessments to evidence their decision-making. This mistrust in social workers as professionals seems to place an emphasis on the completion of tasks over the processes that underpin these tasks, such as emotions and reflection (Balen and Masson, 2008). Social workers reported in this study that their supervision focussed on task completion rather than providing the reflection they needed for their own emotional resilience. In turn, this meant they did not always have the emotional capacity to build caring relationships with children.

As outlined in the introduction, there has been increasing interest in relationship-based social work practice since the publication of the Munro Review (2011b). This review recommended a reduction in paperwork to increase the time social workers had to spend building relationships in a child protection context. The findings of this research suggest this reduction in paperwork has not been broadened-out to a child in care context. The next section will make recommendations for how relationship-based practice principles could be applied in the context of work with children in long-term care.

Implications for Social Work Practice

Using the findings of the study outlined above it is possible to build a model to show how changes could be made at each system level to prompt a tendency for good relationships between children and their social workers (see Figure 20). The implications for practice are discussed in relation to this model below:

Figure 20: Model of an ecological system prioritising relationship-building between social workers and children in care



Microsystem

Direct links were made between the four aspects of relationships that children said were important for them to do well in care and social workers' 'use of self' in practice. Skills relating to 'use of self' can be developed through training, at both pre- and post-qualifying levels. These skills also need to be maintained through reflective supervision in ongoing practice.

- Recommendation 1: Social workers should receive training on their 'use of self' in the specific context of work with children in care.
- Recommendation 2: Local authorities need to ensure that social workers receive good quality reflective supervision that allows them to reflect on their 'use of self' in practice.

Mesosystem

A reduction in non-statutory services appears to have increased the number of roles that social workers are required to play in each child's life. Increasing non-statutory services available to children in care could potentially reduce the number of roles the social worker plays in each child's support network and increase the time social workers can spend on relationship-building.

- Recommendation 3: Local authorities need to consider, when making cuts to non-statutory services, the impact of this on the wellbeing of children in care and on social worker caseloads.

The research suggests that while social workers do consider the roles other professionals are playing in a child's support network, they do not always effectively consider their own role. Having greater clarity about the role of each support system member was identified to support relationship-building.

- Recommendation 4: The ecomap used as a research tool in this study could also be utilised in direct practice with children and in supervision to facilitate understanding of the quality of relationships in a child's network and the social worker's role within the network.

Exosystem

Social workers need manageable caseloads that allow enough time for relationship-building. While local authorities appear to have some control over workloads, because caseload management involves both quantity and quality elements, more research could support local authorities to identify optimal caseload levels that allow enough time for relationship-building.

- Recommendation 5: Local authorities need to develop caseload management strategies that reflect both the quantitative and qualitative aspects of a social worker's caseload.

The time taken to travel to children in placements at a distance from their home local authority was identified to have a negative impact on the quality of relationships social workers could build with that child, as well as the time they had available for other children they were working with. Sufficient local placements could reduce travel time and release more time for relationship-building, as well as be beneficial for the stability and quality of all relationships in a child's support network.

- Recommendation 6: Local authorities should commission more placements close to children's homes to enable them to maintain a stable support network.

Reflective supervision, within which social workers can explore their emotions and contain their anxieties, is necessary for 'use of self' in practice. Reflective supervision supports emotional resilience, which was linked to the retention of social workers.

- Recommendation 7: Local authorities should ensure their organisation's supervision policy and practice includes and supports a reflective supervision element.

Reducing paperwork requirements could increase the time social workers have available to spend in direct work with children.

- Recommendation 8: Local authorities could consider Increasing administration support for non-skilled tasks to release more time for social workers to spend on skilled work, such as relationship-building, which require professional expertise.
- Recommendation 9: Local authorities could review paperwork requirements for social workers working with children in care. This includes clarifying when and why Single Assessments are undertaken with this group and the processes for accessing resources.

Macrosystem

The timescales associated with statutory tasks were identified to result in a focus on the 'quantity' rather than the 'quality' of work undertaken with children in care.

- Recommendation 10: Monitoring local authority progress through a wellbeing framework, such as the Our Lives, Our Care survey (Selwyn *et al.* 2018), rather than through performance indicators and associated timescales, could potentially reduce focus on the completion of statutory tasks and increase focus on the quality of relationships in children's support network.

Widening understandings of permanence from an attachment perspective, which prioritises stability of children's placement, to a socio-ecological resilience perspective, which acknowledges the importance of a caring network of support including the social worker, could help promote resilience and wellbeing for children in care.

- Recommendation 11: Government policy should recognise the importance of a stable network of support for children in care, rather than focussing only on achieving permanence within a placement.

Corporate parenting is a complex concept that includes both 'task' and 'permanence' elements of parenting. Current government policy seems to focus on social workers carrying out the 'task' aspects of parenting and foster carers holding the 'permanence' role. In practice, children appear to allocate the parental role within their own support systems, and social workers can hold a significant caring role in children's lives.

- Recommendation 12: Government policy needs to recognise that for some children, particularly those who have not achieved permanence in the care system, the social worker can hold a significant 'caring' role in children's lives.

There appears to be continuing mistrust in the professionalism of social workers which means that social workers are being required to evidence even minor decisions through completing complex assessments.

- Recommendation 13: Increasing trust in the professionalism of social workers is likely to reduce the need for evidencing decisions, therefore decreasing the paperwork social workers need to complete.

Austerity measures were identified to have reduced the number of non-statutory services available to support children in care. In turn, this is perceived to increase the number of roles a social worker needs to play in the support system, therefore reducing how much time they can spend on relationship-building.

- Recommendation 14: More investment in non-statutory services at a macrosystem level could increase the services available to children at a mesosystem level, thereby reducing the number of roles the social worker plays in the system and increasing their time for relationship-building. This investment may also help to reduce the number of children coming into the care system.

Chronosystem

Minimising non-normative transitions was identified to increase the quality of the relationships in a child's support network. Due to the importance children placed on their

relationship with their social worker, this includes prioritising the stability of their relationships with social workers.

- Recommendation 15: Social workers, local authorities and government policy all need to recognise the importance of providing children in care with stable social work support.

Providing social workers with a stable work environment, including a stable team and manager, was identified as to support the retention of social workers.

- Recommendation 16: Local authorities should consider the potential impact on the stability of their workforce in balance with potential benefits of innovation when restructuring services.

Key Messages for Other Professionals

The research has highlighted the importance of providing a stable support network of good quality relationships for children in long-term care. This finding is important for all professionals who are part of a child's support network. For example, schools could ensure that children have a stable key professional throughout their school career. Health services could ensure that children are allocated to a key professional and that the same nurse carries out yearly health reviews.

The research has also highlighted the importance of understanding the role each support system member is playing within each child's individual support network. This has particular implications for foster carers, who may or may not be perceived by the child to hold a parental role. Through supervision with their supervising social worker, foster carers could be supported to reflect on the role they are playing within each child's support network, including their parental role. IROs could use delegated authority more effectively in care planning to ensure the role each member is playing is understood by all support network members and ensuring that delegated authority is regularly reviewed.

Finally, it is important that all professionals are aware that the foster carer will not always be identified by the child as holding the main parental role in their lives. The parental role might be allocated by the child to another support network member, or aspects of this role may even be shared amongst the key professionals involved in their lives.

Areas for Future Research

The findings suggest good quality relationships between social workers and children in long-term care act as the mechanism which supports children's wellbeing in care. Future research could look at relationships between children and other support network members, such as teachers, birth family members, foster carers, and residential carers. This would help understand how the quality of relationships across children's support networks can support subjective wellbeing.

The findings from this research suggest changes in the exosystem level could help to prioritise relationships between children and social workers. However, some areas could benefit from further research to identify whether such changes are effective. For example, while this research suggests lower caseloads could help to create more time for social workers to spend getting to know children in care, the exact number of cases that a social worker needs to hold to promote wellbeing is unknown due to the complexity of caseload management. Local authorities use different models of workload management, but further research is needed to understand more about the effectiveness of these models, which should consider the quality of relationships between social workers and children as one of the factors.

Reflective supervision was suggested as necessary for social workers, enabling them to apply skills of 'use of self' in practice. This supports a link between reflective supervision, social workers' use of self and the quality of relationships social workers can build with children. Research has begun to make links between supervision and outcomes in the area of child protection (Wilkins *et al.*, 2018). Similar research could identify whether reflective supervision can lead to increasing the wellbeing of children in care, which is a finding suggested by this study.

Recent developments in monitoring the subjective wellbeing of children in care suggests the possibility of using a wellbeing framework for monitoring local authority performance in this context. Future research could evaluate the effectiveness of measuring children's subjective wellbeing, and whether this supports relationship-building more effectively within the system than current quantitative measures such as timescales and performance indicators.

Concluding Thoughts

At the outset of this piece of research I chose to use the term 'children in care' due to feedback I received in practice from young people who disliked the term 'looked after children'. Writing this conclusion, the importance of using the term 'children in care' has become particularly significant. Children in care are being parented by the state, and the parenting being provided by the state needs to include not only tasks but also care. Children need a stable support network consisting of good quality relationships, including their social worker. Good quality relationships support children's wellbeing in care and include social workers having time for children, getting to know children, understanding them, and most importantly, caring about them. For this reason, it seems appropriate to conclude the study with a message from one of young people I spoke with:

I think we just need more people that actually care, that's my main point, people just actually need to care.

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APPENDICES

Appendix 1

Help us be happy

The Bright Spots indicators set out what children in care say is key to their well-being

Key Indicators: support us to feel positive about our lives and our futures, so that:

- We are **satisfied** with life.
- We feel our lives are **worthwhile** and **getting better**.
- We are **happy** in the present and **positive** about our future.

The indicators were developed through action research – more info on reverse

Support our RELATIONSHIPS

Support us to keep and develop the relationships that are important to us, so that:

- We get to see our **birth** parents, **brothers** and **sisters** if we want to.
- We have **social workers** that we **trust** who do not change.
- We have **carers** who we **trust**.
- We have **good friends**
- We have **pets** we like where we live.

Support our RIGHTS

Help us participate in decisions, understand our rights and be free from abuse and discrimination, so that :

- We feel that our social workers give us a **say** in the decisions made about our care.
- We **know** who our social workers are and can easily get in touch with them.
- We know that we can **speak** to our social worker on our own if we want to.
- We are **not** singled out or made to feel **embarrassed** about being in care by the adults around us.
- We feel **safe** and are supported to deal with any **bullying** we experience.

Build our ABILITIES

Give us a chance to learn how to manage the challenges in life, so that:

- We have an **adult** who we **trust**, who helps us and sticks by us no matter what.
- We are given **second chances** when we get things wrong.
- We **enjoy** school/college and our carers are **interested** in what we are doing at school/ college.
- We get to have **fun** at weekends, spend time on our **hobbies** and **explore** the outdoors.
- We are supported to develop **independent living skills** such as cooking healthy food, washing clothes and going to the bank.

Make us FEEL BETTER

Support us to come to terms with what has happened to us and make us feel that we have the same value as other children, so that:

- We **understand** why we are in care.
- We live in caring homes where we feel **settled**, like our **bedrooms** and carers notice our feelings.
- When we are **worried** we get help with those worries.
- We get to do **similar things** to our friends and get to use a **computer** or **tablet** at home.
- We feel **happy** with the way we look.
- We have opportunities to show that we can be **trusted**, **help out** and be **nice** to other people because we care about their feelings.

Appendix 2

Literature Review Methods

Introduction

This document outlines the methods used to carry out the literature review. The strategy is based on the guidelines set out by SCIE for systematic reviews (Rutter *et al.*, 2010). While the literature review is not intended to be a systematic review of the literature, applying a systematic strategy for the literature search allowed “accountability, replication and updating” of the review findings (Gough and Elbourne, 2002, p227). To ensure that relevant and trustworthy resources were used in the literature review, a quality assurance process was applied to decisions made about inclusion of studies (Rutter *et al.*, 2010).

Method

Criteria for Inclusion of Studies in Review

The inclusion criteria identified were based on the need to ensure that research included in the review was up to date and reliable. Some of the exclusion criteria were based on practicalities of timescales and resources available. The primary literature search took place between October 2015 and May 2016, although literature has been updated regularly since. Items were included if they were:

- Published between 2005 and 2015. Items published before this were included if they were identified as important from other articles.
- about children currently, or previously, looked after between the ages of 0-18
- from a peer reviewed journal or key report, book, or thesis
- empirical research or theoretical article
- written or translated into the English language
- relevant to the research questions
- relevant to the context of children in care in England

Items were excluded if:

- a fuller report was published elsewhere
- they were duplicate reports
- the full text could not be obtained
- not related to a study in the UK, Europe, USA, Canada or New Zealand

Search Strategy

Search Terms:

Search terms used are set out in the table below:

Child* looked after	Social Worker	Outcome*
Looked after child*	Local Authority	Resilience
LAC	Agency	Attachment
CLA	Organisation	Welfare
Foster child*	Team	Education*
Child*/adolescent/teenager/young	Policy	Relationship*
person in care	Procedure	Wellbeing
“in care”	Practice	Permanence
	Government	Stability
		Role

Sources

The resources researched were identified using the SCIE guidelines (Rutter *et al.*, 2010), and through advice from PhD supervisors and the University Subject Librarian. The total resources identified from each search were recorded (Appendix A).

Bibliographic sources

Databases:

Social Care Online

Social Services Abstracts

International Bibliography of the Social Sciences

Sociological Abstracts

Web of Science

SCOPUS

CINHAL

BIE

Other:

Google Scholar

Web-based sources

Barnardo's www.barnardos.org.uk/

British Association for Adoption & www.corambaaf.org.uk/

Fostering

Evidence Network	www.evidencenetwork.org/
Government Social Research	www.gsr.gov.uk/
Joseph Rowntree Foundation	www.jrf.org.uk/
Kings' Fund	www.kingsfund.org.uk/
Local Government Analysis and Research	www.local.gov.uk
National Centre for Excellence in Residential Child Care	www.ncb.org.uk/Page.asp?sve=934
National Centre for Social Research (NATCEN)	www.natcen.ac.uk/
National Children's Bureau	www.ncb.org.uk/Page.asp
Promising Practices Network	www.promisingpractices.net/
Research in Practice	www.rip.org.uk/
What Works for Children	www.whatworksforchildren.org.uk/
York Systematic Reviews in Social Policy and Social Care	www.york.ac.uk/inst/chp/srspsc/index.htm
NSPCC Inform	www.nspcc.org.uk

Regulatory/statutory sources

Department for Children, Schools and Families	www.dcsf.gov.uk/
Department for Education	www.dfe.gov.uk
Department of Health	www.dh.gov.uk/en/index.htm

Studies identified from previous systematic reviews

Three recent/relevant systematic reviews were identified and studies included in these that were not already found using the search strategy above were included:

Rock *et al.* (2013)

Oosterman *et al.* (2007)

van Bijleveld *et al.* (2015)

Personal communication

Recommendations from supervisors

Recommendations from peer discussion

Recommendations from conference attendance.

Author tracing

Relevant resources will be identified through reading articles and the full text read to decide if it should be included in the review.

Screening of studies for inclusion in the review

Retrieval of full texts

Records from searches were screened initially using the title and abstract and those that were relevant according to the criteria for inclusion were recorded in EndNote. Full text versions of these texts were retrieved and the inclusion criteria applied to the whole text.

Quality appraisal (QA) of included studies

Full texts relevant to the review that met the inclusion criteria were summarised and then quality appraised (see Appendix B). The quality appraisal was based on minimum SCIE guidelines – see Appendix C (Rutter *et al.*, 2010).

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Appendix A

Resource Tracking

Resource	No. found in initial search	No. retained after reviewing Title/Abstract	No. retained after reviewing full text

(Rutter *et al.*, 2010, p108)

Appendix B

Study Characteristics

Reference for study	Description	Participants and sampling strategy	Research Method	Summary of Findings	Quality and Relevance
		Number recruited, ethnicity, age, gender and type of population	Eg. RCT etc		

(adapted from Rutter *et al.*, 2010, p48)

Appendix C

Quality Criteria (Rutter *et al.*, 2010, pp53-55)

Studies will be scored as either high, medium or low quality based on the criteria below:

All Studies

Is the study design appropriate to the study's question?

Was consent to participate obtained from study participants?

Was the purpose of the study explained honestly to the participants?

Was sampling representative or purposive?

If representative sampling was used, was the sampling frame representative of the population being studied?

If representative sampling was used, did all eligible participants have an equal chance of being recruited?

If purposive sampling was used, is the rationale for this clear?

Were all people recruited into the study present at the end of the study?

Is there an account given of people who discontinued participation and their reasons?

Were data collected by persons independent of the service or intervention delivery?

Were data analysed by persons independent of the intervention delivery?

Have authors declared any interests they may have in the results of the study?

Additional Criteria for Qualitative Studies:

Strength of Design – Is the studies reported material relevant to the research questions

Centrality of views of research participants – do views include service users or carers/professionals – what this means for the results reported.

Quality of reporting and analysis – is there enough depth and detail to give confidence in findings

Generalisability – Did the study assess the relevance of findings to wider population / context

Additional Criteria for Quantitative Studies:

Were enough participants recruited to answer the study question robustly?

Are enough data presented for results to be valid? (Independent/dependent variables)

Are enough data presented for results to be useful?

If there is a comparison/control group, are they similar enough to the intervention group to be comparable?

If there is a comparison/control group, were they treated similarly in the study? If not, was any attempt made to control for this?

If there is a comparison/control group, how were participants allocated to groups and by whom?

Appendix 3
Summary of Included Studies – Relationships between Children in Care and Social Workers

Citation	Description	Research Method	Participants	Summary of Findings	Quality and Relevance
(Barnes, 2012)	Rights and Care with CLA	Semi-structured interviews Line-by-line open coding. Examined in light of relational theory.	20 interviews with YP (age 12-20) plus SW and/or rights worker 7 LA in Midlands Not representative however in depth	Young people need professionals who care.	UK CLA / Relationships KEY TEXT
(Broadhurst and Pendleton, 2007)	Children home on trial – costs and effectiveness of CLA system	Case file analysis Semi-structured interviews with parents and case workers Case files analysed deductively using care career model as analytic frame. Interviews –standard content analysis drawing themes inductively from the data.	13 case files 7 interviews with adults 1 LA in England	Delayed discharge of care orders despite stable placement at home. Recent history of worker turnover delayed discharge of orders. 2 groups – group a planned move home and group b returned home 1+ year after final hearing and moves in care. Absent fathers – care orders on basis of risk mother posed even when fathers offering safe stable placement.	UK CLA / Stability / Care Planning / social worker turnover Identifies turnover as a barrier to effective care planning
(Christiansen et al., 2010)	Arranging stability for children in Long-	7 year study	74 children looked after for	Foster carers most frequently blamed for placement breakdown – did	Norway CLA / stability / relationships

	Term out of home care	Quantitative data on placements and moves Qualitative data from 4 interviews at different time points with social workers, parents and CLA.	at least four years. Stable if in current placement four or more years. 79% achieved this – much higher than expected and then UK figures – which may reflect low numbers of adoption in Norway.	not fully understand role, extenuating circumstances, children in home of similar age. Child's behaviour next most common reason – less than would be expected from other research. Children stated that behaving badly or running away was often the only way to get grown-ups to listen to them. Birth parents rarely an issue – if they are one factor among many others. Child welfare service – lack of responsiveness to the children, inappropriate planning/matching. Cited large turnover of social workers as limitation of study as workers had little knowledge about earlier placements – could this lack of knowledge also impact on decisions making for the child?	High quality longitudinal study Lack of perspective from foster carers Interesting section on 'benefits' of placement breakdown. Child behaviour as a way to get adults to listen.
(Khoo and Skoog, 2014)	Foster parents perspective on why placements breakdown.	Interpretive phenomenology. In depth interviews semi-structured. If more than 1 breakdown chose which to talk about.	Purposive 8 foster carers (non-kin)	Lack of information prior to placement, lack of regular support from social workers, social workers not responding to requests for help, poor co-ordination of support from different	Sweden CLA / foster carers / stability / relationship Only from perspective of foster carer. Limited relevance

				agencies all contributed to breakdown	
(Leeson, 2007)	My life in care	3 visits. Taped semi-structured interviews. Decision chart. Cue cards to prompt discussion.	4 boys aged 12-14. Selected by agency.	See pg 273	UK CLA / Stability / relationship Presents detailed information in findings about impact of relationship with social worker on CLA which has not been analysed by author as focussed on decision-making and participation in research.
(McLeod, 2010)	A friend and an equal: do CLA seek the impossible from their social workers	Data used from 2006 study (below).	Data used from 2006 study (below).	It takes time to get to know a child. Being a friend means treating the child as an individual. A good social worker is reliable. Visit regularly, arrive on time, deliver on promises, listens and is prepared to share something of themselves. Being an equal means treating CLA with respect (not patronising), being equally valued as a human being, supporting the young persons autonomy, fully aware of the power differential. The final attribute of the ideal social worker, then, was that he or she did not	UK CLA / relationships / policy / social workers Key text that this piece of research could build upon Track references from this paper

				<p>leave – acute distress akin to bereavement.</p> <p>There was a near universal complaint that they did not see enough of their social workers and that social workers changed too often.</p> <p>Need for long-term relationships rather than brief intervention.</p>	
(McLeod, 2007)	Whose agenda: Issues of power and relationship	Data used from 2006 study (below).	Data used from 2006 study (below).	<p>YP appreciated social workers who took time to get to know them and stayed for a long time. The experience of most CLA was of frequent changes of social worker.</p>	<p>England CLA / relationship / social workers Key text</p>
(McLeod, 2006)	Respect or empowerment – listening in childcare social work	Questionnaires to social workers. Interviews with YP and their social workers (8). Case records.	<p>All CLA in one district of one LA in England. 100. 20% of whole LA. 75 social workers. 14 YP agreed to be interviewed- 11 participated. Looked after for at least 6 months.</p>	<p>CLA and social workers had different understandings of what it meant to listen.</p> <p>CLA – listening as action.</p> <p>Social workers – listening as attitude.</p> <p>Social workers constrained by resources, child's safety, parents views, decisions by court or senior management and bureaucracy.</p> <p>CLA want to set the agenda, SWs can be too intrusive.</p>	<p>England CLA / relationship / social workers Key text Interviews took place in 2001 as part of PhD. PhD also accessed for detailed methodology.</p>

				<p>CLA – SWs to be available, reliable, not patronise. SWs – more emphasis on resolving emotional difficulties. CLA – empowerment, SW - respect</p>	
(Norgate et al., 2012)	Social workers perspectives on placement instability	Questionnaire and focus groups.	71 – 66 social workers and 5 team managers. 1 LA where stability targets not met.	<p>Social workers reasons for instability:</p> <ul style="list-style-type: none"> - Child behaviour - Exclusion from school - Lack of multi-agency support - Inadequacy of available placements leading to poor matching - Quality of carers - High caseloads- more LA SWs and less paperwork – more time to work proactively to avoid placement breakdown rather than react in a crisis <p>More effective information sharing – FPSWs stated that SWs did not give enough information sometimes because they</p>	<p>UK CLA / stability / social workers Interesting re. how stability is categorised in the research. See Holland et al 2005 survey of social workers Findings from SW perspective only</p>

				did not know the child sufficiently well.	
(Pelech et al., 2013)	Improving placement stability for children with foetal alcohol syndrome	Quasi-experimental matched comparison group design. Comparison group on basis of age, previous placements, health issues and placement type. Behavioural tracking scale completed by carer. Two way repeated ANOVA analysis for comparative purposes to address placement stability over time. Logistic regression to examine relationship between factors and stability. Focus groups with caseworkers and foster carers	182 children diagnosed with foetal alcohol spectrum disorder. 98 in the project group and 84 in the comparison group.	As worker contact increased the likelihood of placement change decreased Risky behaviour, caregiver strain and respite not associated with stability. - Qualitative element - caseworks reported that regular visits enabled a better understanding of the children on their caseload, carers reported monthly visits enabled workers to better understand child and family dynamics. Facilitated better relationship between caseworker and child.	Canada CLA / stability / social workers Only factor (measured) that predicated stability was increased/regular caseworker contact with child and carers.
(Pinkney, 2011)	Participation and emotions – interactions	Analysis of social care policy texts	166 policy texts Number of interviews not	Organisations develop socially structured defences (guidelines and	UK Key text

	between children and social welfare professionals	Semi-structured Interviews with policy and children's rights officers	specified in this text – available in original research paper.	procedures) to manage risk and to insulate themselves and staff from emotional. Individuals manage emotion by avoiding 'difficult talk', channelling energy into assessment or tasks, or through 'professionalism' becoming inflexible in their role. 'Reluctant listeners' in case become responsible for action as a result. Underpinning idea that children have to demonstrate competence, whereas adults are assumed competent. The institutions of welfare appear to be organised around practices which give the impression of listening although children frequently report that they don't feel listened to p41. Professionals/organisations fear loss of power.	
(Pölkki et al., 2012)	Children's participation in child protection	Semi-structured interviews. With children used 'life path'. Social workers semi-structured. Recorded and transcribed.	8 children in foster care. Age 7-17. 4 social workers.	Some children were frightened of expressing how they really felt to new social workers. Wanted to meet the social worker in private as well as in placement.	Finland CLA / social worker / relationship Barriers to building good relationships at all structural levels. KEY TEXT

		Content analysis – themes identified.		<p>Letters and emails were also good means of communication with social workers.</p> <p>Continuity, stability and familiarity of social workers important for participation.</p> <p>All could name social workers, thought worked for their best interest, felt able to rely on and contact when they had problems. Felt it was important that the same social worker worked with them for a long time so they did not have to start from the beginning again with a new worker.</p> <p>Social workers: Found it difficult to talk at linguistic and cognitive level of the child.</p> <p>Lack of time – led to reluctance to expose to stressful experiences.</p>	
(Roach and Sanders, 2008)	Obstacles to the implementation of plans for children	Local authority files Content analysis (documentary analysis)	20 cases = 10 CP and 10 CLA in 1 LA in Wales	<p>20% of tasks delayed</p> <p>Assessments most common task delayed followed by for CLA contact arrangements.</p> <p>Lack of contingency planning, when in place not clear.</p>	<p>UK CLA / plans / social worker</p> <p>Notes high turnover of social workers during study but does not consider how/whether this impacted on planning</p>

				High turnover of social workers – average 2.25 per case. Reason: Lack of clarity/timescale Not fully considering factors that may influence completion Lack of interagency co-ordination Non-compliance of parents/carers	
(Rock et al., 2015)	Understanding foster placement instability	Systematic review	301 studies – 40 quant and 18 qual met quality	Greater number of social workers associated with instability.	UK CLA / stability
(Tregeagle et al., 2011)	Worker time and the cost of stability	Diaries kept by social workers	25 CLA – 5 groups of five chosen purposively – 1 st yr in care, imminent risk, stable, unstable, adolescent, adoptive	Breaks down time spent on each case and on what tasks. Significant worker time in first year of placement and with unstable placements. Highest proportion of time spent on contact issues, administration and interaction with children.	Australia CLA / social worker Research context country specific and took place in a private agency set up to facilitate permanent placements for children. Make context clear
(Ward and Holmes, 2008)	Calculating the cost of local authority care for children with contrasting needs	Focus groups – time use activity data based on professional opinion. Management information systems and case files of all sample children. 20 month period.	478 CLA representative sample of 6 Las Randomly selected – stratified to include adequate no's of disabled and in	Higher cost to place in residential care or with specialist foster carers, particularly, particularly in provision provided by voluntary or private sector. Inappropriate matching in first placements led to	UK CLA / stability /cost Issue with using 'professional' opinion for time data – although was consistent between focus groups and will be triangulated with case

			residential care for meaningful analysis. 17 focus groups with 127 practitioners and 15 managers.	moves – each move costs more money. For children with complex needs main cost is placement movement as move from LA foster care to local authority then private residential care and sometimes secure. Inverse relationship between cost and outcome, with the more expensive care pathways delivering the least satisfactory outcomes – frequent placement moves, residential care often out of LA area, unstable school placement, less access to CAMHS and health services (possibly due to frequent moves)	specific activity records in future research.
(Wigley et al., 2012)	Researching young peoples' outcomes in children's services: findings from a longitudinal study	Mixed methods Interviews and standard measures – SDQ, adolescent wellbeing, self-esteem scale and general efficacy scale. Information from social workers and one carer.	Children 21 stage 1 52 stage 2 11 in stage 2 agreed to be interviewed.	Emotional needs related to feelings of loss and lack of belonging were frequent themes in interviews with YP. Residential care – shift changes, staff turnover, intro of new children Social workers commented on potentially negative impact of case transfer – saw loss as another rejection.	UK CLA / stability / social workers Key text However – study cut short so longitudinal outcomes not reported.

				Changes of social worker a source of instability. Children noted infrequency of social work visits.	
(Winter, 2009)	Relationships matter: Problems and prospects for social workers relationships with children in care	10 case studies Qualitative interviews with social workers, children and parents. Thematic analysis – coded then sub-coded. Interpretivist (when tracked back to PhD study)	10 case studies 39 interviews with children, social workers and parents – not broken down to be clear if all of triad in all interviews. This piece of research comments only on social worker interviews – don't know how many.	Identifies 7 barriers to building relationships between children in care and social workers in practice: Tasks, Training, Theories, Typical Practices, Time, Tools and Trust. Argues training is the most important of these.	UK Key text SW perspective of relationships
(Archard and Skivenes, 2009)	Hearing the child	Open-ended questions Fully transcribed Limited information on how analysed	53 child welfare workers in England and Norway	Workers in Norway more likely than in England to see hearing children as a fundamental right – possibly because Norway has incorporated UNCRC into domestic law? Sometimes a child's participation is only understood simply as meaning a child should be properly informed of a process or outcome – participation only useful insofar as it makes the	England and Norway Based on UNCRC: Authenticity – the child's views must be heard Children ought to actively participate in the decision-making process Possible to assume thematic analysis, although not explicitly stated.

				<p>compliance of the child with a decision made more likely.</p> <p>Give very little attention to the importance of participation as a means of developing and discerning the child's authentic voice.</p> <p>Social workers do display a great deal of awareness of and skills in the employment of the appropriate ways in which to elicit information from and provide information to the children with whom they must deal.</p> <p>There is not much evidence of the workers seeing the child's views as making a real difference to what happens.</p>	
(Beckett et al., 2007)	Social workers perceptions of the decision making process	4 focus groups – 1.5 hours each Thematic analysis Interview schedule published	Composition of focus groups p56 2 Las Social workers	Lack of time for social workers to truly get to know children.	UK Concentrates mainly on care proceedings in general.
(Bell, 2002)	Promoting children's rights through the use of relationship	Semi-structured interviews Limited information on analysis	27 children age 8-16 years subject to CP (10 CLA). 1 LA. 1999 interviews.	Childs view – to be seen alone, to have the time and opportunity to build a relationship, they want information that is accessible and appropriate, and they want to be offered real choices about what	UK Child protection Attachment theory Interesting link to attachment theory to the relationship with social worker as a secondary attachment figure.

				<p>services are available and the range of ways participation and representation can take place in decision-making forums.</p> <p>When relationship with sw good – helped reframe understanding of events and relationships, otherwise neglected needs were met and situation improved.</p> <p>Qualities wanted in relationship – careful listening, being taken seriously, treated with respect, regular contact and keeping appointments. Most children identified one social worker who had been helpful and been significant in their life. Found discontinuity, such as changes of worker, unhelpful.</p>	Possible link to theory chapter? Need to place in context of date study carried out.
(Healey and Darlington, 2009)	Service user participation in diverse child protection contexts	Semi-structured interview Reflective questioning – case vignette child under 8years Themes identified – coding frame developed	28 practitioners Qualified, at least 6 months experience	Participation was a shared ideal among our respondents but that the meaning and expression of this ideal was profoundly shaped by practice domain – particularly between stat and non-stat roles.	Australia Participation Not CLA SW views based on a case vignette

				Stat agencies – stated problem first – participation helped build comprehensive assessments rather than as a way to build effective working relationships in order to understand child's view.	
(Horwath, 2011)	See the practitioner see the child: Framework of assessment 10 years on	Focus groups using standard format of open-ended questions. 6-15 participants in each – some may have been too large. Grounded theory.	62 practitioners and managers Purposive – to include social workers, operational staff from a range of disciplines – health visitors, cafcass, education adult and third sector services.	In assessments the completion of forms, rather than the needs of the child, drive practice The framework of assessment does provide a structure for child-focussed assessments – the context it is being used in is the issue.	UK Assessment / social worker / relationship / participation Not directly relevant to CLA – however some useful info to back up other findings Role of the supervisor – front line managers pressure to meet timescales and workload management more important than high quality assessment. Conclusions are directly transferable to this study, although from a different context.
(Jobe and Gorin, 2013)	Young people's views on seeking and receiving help from children's social care services in England	Semi-structured interviews Themes identified then coded.	24 yp age 11-18 involved in services. Some now CLA. Snowball sampling using professionals to identify relevant yp	Relationships with social workers central to disclosure and protection. Valued having a consistent relationship with a professional they felt they could trust – spoke positively about social workers who they met	UK CP / children views Initial referrals to CSC services main focus A good quality relationship with a professional was seen as crucial by the young people we interviewed for both

				<p>regularly and had time to work with them to build a relationship.</p> <p>Expressed frustration about social worker changes driven by service changes.</p> <p>Did not like telling a new social worker their story.</p> <p>Frustration at little or inconsistent contact with social workers or lack of contact details/returning calls – meant to them that the social worker did not care about helping.</p>	<p>disclosure and engagement with services during the referral process to CSC.</p> <p>“...make the changes necessary to put professionals relationships with young people and young people themselves at the heart of the safeguarding agenda”.</p>
(Munro, 2001)	Empowering looked after children	<p>Unstructured interviews – less continuity between interviews but a better way to capture what is important to the child</p> <p>Not recorded – brief notes in interview and more detailed immediately after</p> <p>No detail of how analysed</p>	<p>15 CLA aged 10-17</p> <p>At least 2 years in care</p> <p>Identified by social worker</p>	<p>All mentioned social worker as important – powerful and in a good relationship a strong ally.</p> <p>Biggest complaint the high turnover of social workers – all able to report how many had had.</p> <p>Also criticised for reliability – keeping appointments or holding reviews on time – made them feel like a low priority.</p> <p>Major source of conflict with social workers was contact with birth family.</p>	<p>UK</p> <p>CLA / relationships</p> <p>Good discussion of ethical issues/bias</p> <p>How aware are social workers of issues of confidentiality with CLA?</p> <p>How does this impact on the relationship?</p> <p>“When one considers the depressing evidence on outcomes for looked-after children in adult life, humility about our ability to know what is in the child’s best interest seems to be the most appropriate emotion.</p>

					<p>LAC system – standardization and specified goals – reduces the space for children to contribute to outcomes they want</p> <p>Quality Protects comments</p>
(Smith et al., 2012)	Engaging with involuntary service users in social work	Four practitioner research projects carried out by LA with the support of researchers. Brief methodology outlined for each project. Summary of findings from all provided.		<p>Most social work relationships are involuntary – they happen in situations in which the recipient of the service does not freely enter into the contract, but in which they are mandated by law and many resent having to do so</p> <p>Key themes:</p> <ol style="list-style-type: none"> 1. Importance of social workers' relationships with service users for enabling meaningful engagement 2. The value of clear communication, information and explanation for enabling engagement <p>The potential for bureaucratic managerial</p>	<p>UK</p> <p>Participation / relationships / CP</p> <p>Supports findings from other studies – relationships help build trust, which in turn helps to express views – importance of continuity. Barriers were the neoliberal and managerial regimes – eroding the social work relationship in favour of bureaucratic and procedural systems.</p> <p>All with adults so be careful about how transfer – back up only rather than central research.</p>

				structures, such as reports, formal meetings and risk assessment procedures, to act as barriers to engagement with service users	
(Vis et al., 2012)	Obstacles for child participation in care and protection cases – why social workers find it difficult	Questionnaire 5 point Likert scales based on previous research – 1) fear of inducing psychological harm, 2) difficulties communicating with children 3) loyalty issues making it difficult to interpret child view, 4) children not having the competence to participate, 5) children not wanting to participate, 6) different perceptions of what participation means, 7) a wish to avoid conflict between children and parents Exploratory statistical factor analysis	53 CP case managers and 33 SW students	Communication Factor – Having a good relationship in which the child can more easily say what they really mean and the case manager can evaluate whether what is said reflects the child's true meaning – difficulties associated with establishing communication. Protectionism Factor – potential risk and harm to the child from participation – protecting from harm rather than empowering children Participation / Advocacy Factor – measures social workers inclination to value participation as necessary and valuable Case managers less likely to agree that participation was necessary than students. The protectionism factor was most important in	Norway CP / CLA / social workers Careful about inclusion of SW students and how this may have skewed results Communication obstacle scores did not decrease with experience or direct training in communicating with children – suggests systemic change is needed i.e. child friendly meetings, stable relationships with social worker See pg 20 for summary If case managers believe participation may be harmful they will not facilitate it – more research on harm to children from participation?.

				predicting whether case managers would engage children in participation.	
(Winter, 2010)	The perspectives of young children in care	10 case studies In-depth semi-structured interviews with children/parents and social workers Sociological – social agency of child and competence and capacity to express an opinion Interpretivist framework – thematic analysis	10 children age 4-7 Cases identified as known to researcher in professional role as guardian	Children wanted and needed to talk and can be very articulate. Need to build relationships with children in care that helps them to gain a better understanding of their feelings = blame themselves and misunderstand circumstances	UK CLA / social worker / relationship / participation Evidence that young children can blame themselves and misunderstand their circumstances – purpose of the relationship with SW to help them get a better understanding of their feelings? Restructure services so the child is at the centre Young children's perspectives need to be included in assessments in the same way as with older children Social work training to develop specialist knowledge in communicating with young children Social work with young children needs a higher priority.
(Selwyn et al., 2018)	Looked after children's views on their wellbeing in 2017	Survey based on subjective wellbeing indicators developed alongside children in care.	2,263 children aged 4-18 in 16 local authorities.	Link between stable social workers and trusting social workers	UK Key text Large-scale survey. Influential on government policy. While not peer-

					reviewed, methodology articles written have been.
(Children's Commissioner, 2018)	Voices of Children in Foster Care	Mainly gathered through group discussions facilitated by fostering agencies. Visual tools used. Individual interviews with severely disabled children. Small number of questions developed addressing placement movement, contact with SW and worst/best things about being in care. Questions also posted on social media as a survey. Thematic analysis.	100 children in foster care Included care leavers, kinship care, disabled children	Described good relationship with SW as like a friend. Most did not see their SW as much as they wanted to. A few settled older children wanted less contact. Most want to feel listened to and have more say in decision-making	UK Contributed to the National Fostering Stocktake
(Sherbert Research, 2009)	Children and Young People's Views on Safeguarding	12 one hour individual interviews with YP and one group discussion with 3 YP in a YOI. Informed consent. No information given on how analysed, although thematic analysis can be assumed.	15 YP aged 10-15 years. All CLA. 3 areas of UK.	Children want to be cared about as well as protected. Reported not feeling listened to, lack of empathy Want informal relationship with SW Too many changes of social workers Want social workers to keep promises	UK Commissioned by the children's commissioner of England. Part of the Laming Review.

(Cossar et al., 2011)	Children and young people's views of the child protection system	Semi-structured, activity based interviews. Workshop facilitated by adult and young researchers. Informed consent. Thematic analysis.	26 children from 18 families in 2 LA. All living at home. Aged 6-17 yrs.	Listening important for good relationships with social workers	UK CP ONLY Commissioned by Children's Commissioner as part of the Munro Review
(Stanley, 2007)	Child and carer perspectives on the mental health of looked after young people	Two focus groups. Separate boys/girls. Informed consent given. Analysed using thematic analysis.	14 YP in care from 2 LAs	"Listening to looked-after young people's views on their mental health needs is instructive. The lens shifts and looked-after young people emerge less as a challenge for practitioners and policy makers and more as a group whose frustrations and demands reflect the shortcomings of their environment" p266	UK CLA Takes an ecological perspective. Challenges perceptions of 'difficult' behaviour.
(Ruch, 2014)	Challenges social workers face communicating with children	Based on RBP and ecological approach. 'Practice-near' method. Monthly 1.5 hr meetings over 6 months in 2009-10. Reflective case discussion model. Thematic analysis	7 qualified SWs in a range of CSC contexts, including children in care	See notes made on PDF	UK CLA / relationships / social workers / government policy SWs reflections on their practice with children
(Minnis and Walker, 2012)	Literature Review: Children's	Literature review 26 studies included.	N/A	Children do not feel sufficiently involved in	UK Secondary source

	experiences of fostering and adoption processes			<p>decisions that concern them.</p> <p>Want more time with social workers</p> <p>Listen more to children to understand what is best for them</p>	
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Appendix 4

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15 February 2017

Mim Cartwright
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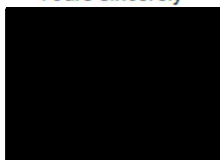
Dear Mim

Title: *Social worker relationships, roles and the wellbeing of children in long-term care. (SPS REC 16-17.B9)*

The School for Policy Studies Research Ethics Committee has reviewed your application with regard to this project and we have received your responses to our requests for clarification. As such I am happy to provide REC approval for this project.

Please do not hesitate to contact me if you have any queries.

Yours sincerely



(on behalf of)

Ms Beth Tarleton
Chair of the SPS Research Ethics Committee

Appendix 5

Reflection on Recruiting Participants

Introduction

This reflection explores recruitment of participants to a study exploring relationships between children in care and their social workers. The study was seeking to explore the role of social workers with children in long-term care. There was a focus on relationships between social workers and children in care, and how these can support children to do well in care. Based within an ecological framework, the study aimed to explore all aspects of a child's support network, focussing on how the role of the social worker fits into that network and how that relationship can help children to do well.

Due to the potential sensitivity of the data being gathered, and in order to get an in-depth of understanding of the role of the social worker in relation to others in children's support network, semi-structured interviews were felt to be the most appropriate method of data collection. The study also sought to understand what within a social workers' work environment impacted on the relationships that social workers were able to build with children in care. Interviews with social workers and managers were carried out, again as this was felt to be the best method to use to get the level of depth of data required.

At the start of the study the aim was to recruit 15 children, 15 social workers and 5 managers as study participants. This number was chosen to allow both the breadth and depth required for analysis of the data using thematic analysis. In practice the recruitment of participants was difficult, with the current number recruited being 7 social workers, 2 social work managers and 3 children. The aim of this reflection is to explore the difficulties faced in recruitment for the study, reflecting on what the barriers to recruitment have been. Finally, it will consider what can be done both to support recruitment of participants in future studies and identify some areas that may need further discussion.

The Recruitment Process

For the purposes of this reflection I am considering the process of recruitment after the study design process had been completed and ethical approval had been granted. Therefore, it is

analysing the process of liaising with the local authority at different stages of the recruitment process. The process of recruiting participants to this study went through 5 distinct stages:



Each of these stages had distinct features in terms of their contribution to the final success of recruitment.

Initial Contact

A total of three local authorities were recruited to take part in the study. In each case initial contact was made via a senior manager in the organisation; Deputy Director of Children's Service, Performance Manager or Principal Social Worker. Each was provided with a brief overview of the study and asked to come back to express an interest in taking part. In every case the local authority expressed an interest in taking part in the research. The reason given by senior managers for wanting to take part in this study was that they valued research that included the voices of children care, either because it helped them as a local authority to develop their own processes or because there was a requirement from Ofsted for them to listen to children.

Two of the local authorities asked to meet with the researcher to find out more about the study. In one case the manager who directly supervised social workers who would be involved in the study was present at this meeting, in another case it was a generic manager who was present, who later had no oversight of the research. In the third local authority permission was given to proceed to the next stage without a meeting, which is likely to reflect the previous working relationships the researcher has had with that senior manager. The local authority the highest proportion of social workers was eventually recruited from was the local authority where the manager directly responsible for social workers who would be recruited was present at that initial meeting. Thus, it seems to help support recruitment if those managers who will later have an oversight of the research at a later stage can be involved as early in the recruitment process as possible.

Research Governance

Out of the three local authorities recruited for this study only one had a formal research governance process that the researcher was required to go through before being able to access participants for the study. Although, a further local authority was in the process of developing a research governance procedure, which the researcher was asked to pilot and provide feedback on. I was told the reason for having a formal research governance process was to both ensure that research being carried out in the local authority was ethically sound, and to ensure that there was a manageable amount of research being carried out in the local authority at any one time.

In the local authority where research governance process was required this added a significant delay into the recruitment process. The researcher was required to complete a complex set of paperwork to be considered by a research panel before giving permission to go ahead. The paperwork required for research governance in this local authority was similar to the ethics application and necessitated a great deal of duplication of work. There was then a delay of about 2 months while research governance meeting was held in the local authority to discuss whether the research should go ahead. A discussion about research governance procedures should, therefore, be held early in the recruitment process so this potential delay can be timetabled into the overall research plan.

Through engaging with one local authority on developing their research governance application procedures I was able to help the local authority to identify what should already be covered in university ethics procedures, and how they could seek reassurance that a thorough ethics process had already been undertaken. This meant they could focus their attention during the research governance process on the practical details the local authority needs to know to give approval for a research project to go ahead. It is hoped that this will reduce the time to complete and review paperwork at the research governance stage. This suggests that there could be opportunities for researchers to engage directly with local authorities to provide support in developing research governance procedures.

In theory the process of accessing research participants via a research governance process should mean that local authorities have an oversight of how much involvement their staff and service users have in research and how practical it is to agree to involvement in further research studies. However, in this study, the local authority that did not have a research

governance process was the one where I had most success recruiting participants for this study. It is possible that this is because this was the smallest local authority recruited to the study and, therefore, the senior managers involved were more likely to have a personal oversight of the number of ongoing research projects.

Reflecting on this, problems in the oversight of the total amount of research taking place in a local authority may be since, once a research project had been accepted by a local authority through research governance procedures, there was no further follow up from the governance committee on the progress of the research. Thus, while research governance procedures are likely to be meeting their stated objective of ensuring research being carried out within the local authority is ethically sound, without oversight of the progress of the research being carried out, they cannot meet the objective of ensuring that a manageable amount of research is being carried out in the local authority. Therefore, there may be room for local authority research governance committees to be more proactive monitoring and managing research that is taking place.

Engaging Managers

In this study, managers were potential research participants themselves, as well as being gatekeepers to accessing social workers and children as research participants. In this section I will consider their role as gatekeepers to accessing research participants. In all the local authorities who took part in the project, the researcher was given the name of a senior manager to engage with to access participants for the research.

In one local authority the named senior manager disputed that it was their role and passed it over to another senior manager, who also disputed this was their role. This resulted in a delay while the managers agreed between them who was most appropriate to be a contact for the research. Once this was decided it then took a further 2 months to schedule a telephone conversation with the senior manager who had been designated as the research link. In another local authority a different senior manager to the one who had met the researcher initially was identified to manage the research project. This manager was initially difficult to engage, not responding to either telephone calls or emails. My reflection on this difficulty in engaging these managers is that in neither case did they have a sense of personal interest in the research, it was a task designated to them.

In both of these cases the senior managers, after a telephone call with the researcher, deferred to other people to arrange the practicalities of the research, either by asking the researcher to email team managers or to talk to staff at a team meeting. Once their initial gatekeeper role had been completed, both the senior managers identified as responsible for the research ceased all contact with the researcher. This meant that when recruitment difficulties were experienced by the researcher, there was no interest in following this up at a senior management level management level within these local authorities. These experiences suggest that senior managers are likely to have an important role beyond being solely gatekeepers to research participants.

This importance of a senior manager role going beyond just being a gatekeeper was shown in the final local authority. The senior manager who attended the initial contact meeting about the research maintained an active interest in the project. When the researcher told this senior manager about recruitment difficulties, they took an active role, bypassing the team manager to actively recruit social workers to the project by booking time for the research into their diaries. These meetings were generally honoured by the social workers, or rearranged if they could not take place. As a result of this senior manager's actions in booking time into social workers' diaries the highest proportion of professionals was recruited from this local authority.

Therefore, the local authority where I had the most success in recruiting was where a senior manager very explicitly gave social workers permission to take part in the research, by physically putting the time for the research in their diaries. Hence, it seems to be important that someone senior in the local authority takes a level of ownership and interest in the research taking place, over and above just acting as a gatekeeper to research participants.

Recruiting Professionals

Professional participants, social workers and team managers, were initially accessed via either emails sent to teams from a senior manager or the researcher attending a team meeting to talk to staff. Recruitment using these methods generally resulted in a small number of social workers and managers volunteering to take part in the research. In one local authority an email by a team manager to all social workers in CLA teams resulted in 2

social workers expressing an interest in taking part in the research and in another local authority 1 social worker volunteered. In the third local authority attendance at the team meeting resulted in 2 social workers and 1 manager volunteering to take part.

More success recruiting participants was achieved when someone known to the professionals actively supported the research. As outlined in the above section, a senior manager putting time in social workers' diaries resulted in a high participation rate. This is probably because the action of this senior manager gave them explicit permission to use their time for research. In another case, a social worker participant, who had recent experience as a researcher, emailed their team to tell them about the research after the interview, which led to 2 further expressions of interest.

Even when social workers volunteered to take part, this did not always result in them participating in research interviews. Interviews were frequently either rearranged or cancelled by social workers. For example, research interviews were arranged on three occasions with one social worker, all of which had to be cancelled at short notice due to other work pressures, leading this social worker to decide that they did not have time to take part in the research:

I really wanted to take part in this research study. Unfortunately, the demand of front line social work has not enabled me to do this. From emergency placement moves, to statutory visits, personal education plan meetings and court hearings, having the time to sit and engage in research has proven impossible. The endless amounts of paperwork and reports with tight deadlines can feel unmanageable, and quite often is unmanageable. Something else has always taken priority. In my practice, a child or young person will always be a priority and each time I have put time in my diary to engage in research, a child has needed me. To move them to a new placement, to attend a meeting about their education, or to visit them at home to tell them the outcome of a court hearing. These are all tasks that I do not feel can be dealt with anyone else other than the child's social worker, to provide the child with consistency and reliability from the person arranging their care and who they have built a trusting relationship with regardless of the personal difficulties they are experiencing ¹⁰.

One social worker talked about wanting to cancel their participation in the research project, but that their personal interest in and commitment to research motivated them to continue, despite being tempted to cancel:

¹⁰ Permission given to use email anonymously in research project

I mean, I nearly had to cancel today, I wanted to as I don't really have time, but I also know how important research is and remember how hard it was to recruit to my study...

So social workers having a personal interest in research seems to be an important motivator to pursuing participation. However, on its own, motivation was not enough for all the social workers to participate. One manager, who did participate in the research, reflected on the difficulties recruiting social workers in their team to also take part:

It's just that there are too many children, that's the thing that gets in the way... you know the research, with the social workers, there's so much to talk about, the social workers have so much to tell you, they just don't have the time to tell you. We talked about it, I talked to everyone about it the other week, all the social workers in through care, and they're like, yeah that's brilliant, that's brilliant, and as they walk out the room...

Therefore, a significant barrier to participation in research appears to be the amount of time that social workers have available.

This is consistent with a significant finding from the research project in relation to the time that social workers have available to build good relationships with children in care. Most social workers and managers who participated in the study spoke about the time they had available as being the main barrier to building the relationships that they wanted to with children. The main reason identified as why they were struggling to have enough time to build relationships with children was linked to an increase in the number of cases (defined differently in different authorities) that they were required to hold:

...there may be a difference of opinion between social workers and the department as to what is a manageable caseload. And so, our cases were 14, now they're 20 (Social Worker 1).

We do have a higher caseload, but I mean it's not massively higher, but it is higher (Social Worker 4).

Yeah, the cases, the cases have definitely gone up. I mean, when I first started, I was 14 or 15 cases. So yeah, I do think they've gone up (Manager 1).

The higher the number of cases held meant that social workers had less time to spend with each individual child, as identified by this manager:

So, each social worker has 24 children. There is a plan, its recognised that's far too high, it gives them an hour a week to commit each child.

Is that face to face time?

No everything. For all paperwork, for travelling, for absolutely everything it's an hour. Most of our kids you can't get to in an hour, there and back, just traffic, and a lot of our children are out of authority. So, 24 children, less than an hour, an hour a week it works out at to look after them (Manager 2).

As well as an increase in the number of cases held, most social workers and managers also identified that there was an increase in the complexity of cases:

And I also think that some of the cases are a lot more complex than they used to be. I think that when we look at self-harm, you know, whether it's mental health or behavioural, that makes a massive difference (Manager 1).

If this perception is accurate, then there are two factors here that are merging together to impact on the quality of relationship social workers can build. Firstly, if the complexity of cases is increasing then the perception is that social workers need to have more time to spend with each child. However, rather than having more time to spend with each child, the perception of workers is that caseloads are increasing and, therefore, they now have less time to spend with each individual child that they work with. Other factors identified by social workers that were impacting on the time they had to spend with children in care included a lack of resources, resulting in them being expected to take on more expert roles with children that would previously have been referred to other agencies, increasing paperwork due to competition accessing limited resources, pressure from managers to evidence they had met the statutory aspects of their role, and an increase in the number of assessments they were expected to complete.

As a result, most of the social workers I spoke to talked about how they were having to use their own time in order to manage their workload:

Caseloads, the expectations of caseloads. You know, I mentioned earlier about working hours, working from home, working evenings and weekends, and I think people are quite tired (Social Worker).

In situation where social workers report that they do not have time to do the basic aspects of their job, recruitment to research is likely to be harder, as expressed by this social worker:

I am concerned about social workers' ability to engage in research. With increasing caseloads, demands on social workers is becoming greater and the impact this has on relationship-based practice is worrying. With greater caseloads, how can social workers give the time needed to a child? To sit and get to know them? Hear about their best friend at school? Their favourite meal? Their bad night's sleep? This is worrying for our children. (Social Worker)

This leads to consideration of whether it is morally right for researchers to continue to try to access social workers as research participants due to the potential risk identified to both children's and social worker's welfare.

However, in practice, those who did take part in the research found it a positive experience rather than a negative experience. When asked at the end if they had anything else to say, most commented that participation in the research had been an enjoyable experience or that it had been useful for them:

No, no, that's been really useful from my perspective in terms of being an ASYE and actually things that I can write up as well (Social Worker).

No, just thanks for coming in. That was useful (Social Worker).

Oh that's nice, I really enjoyed it (Manager).

That was really useful for me, like a reflective supervision (Social Worker).

Hence, rather than being a one-way process where only the researcher benefits from the interaction, participation in research can be enjoyable for social workers, and helpful to their work. In the longer term, participation in research could also help social workers to overcome some of the barriers they are facing in the workplace, by contributing towards changes at a government and/or local policy level.

Recruiting Children

The final group of research participants to be recruited to the study were children. For each child that was recruited to the study there had already been 4-5 layers of gatekeeping procedures to navigate; initial contact, research governance (where relevant), senior managers, team managers and social workers. At the initial contact and research governance stages of the recruitment process, the objective of recruiting children to the study was an advantage to the researcher, as outlined in the relevant sections. However, the process following that of needing to go through additional layers of gatekeeping proved to be a barrier to children's involvement in research. In all the local authorities recruited, the only route to accessing children in care was through their social worker. The small number of social workers successfully recruited to the study then had a knock-on effect on the number of children who could also be recruited.

Even when recruitment of the social worker was successful, the recruitment of a child did not automatically follow. For example, in 2 cases emergency situations occurred that meant the children were identified as too vulnerable to participate in the research at that time. In both these cases the social worker agreed to follow up with the child in about a months' time. In one case an interview was subsequently arranged, but in the other case the social worker

did not respond to any further email or phone correspondence from the researcher. In a further case a birth parent dissented to their child taking part.

In three cases the child identified by the social worker declined the invitation to take part in the research. One young person declined to take part in an interview when the researcher first contacted them because they said they did not like to talk about themselves. In a further two cases the young person initially consented and then changed their mind. In both these cases, between initial consent and subsequent dissent, the child's social worker left the local authority (one resigned and one was an agency worker), which may have influenced that young persons' decision.

In an attempt to increase the numbers of child participants the researcher explored different methods of recruitment. For example, when recruitment of one child known to the social worker was not successful the researcher went back to the social worker to ask if there were any other children on their caseload who might be interested in taking part. This strategy resulted in no further child participants. In fact, no responses at all were received from social workers to these requests. In a similar way, when social workers did not have time themselves to take part, they were asked if there were any children on their caseload that the researcher could contact via a carer, again no response was ever received to these requests. Other routes to accessing children were also discussed with local authorities, such as via fostering teams or child in care councils, but again none of these were responded to. Due to the lack of response it is difficult to be certain about why social workers and local authorities were reluctant for children to be accessed in any other way than via their social worker. However, it could be hypothesised either that it is the time available to respond to the researcher's requests, or that it could be due to a desire to protect the children in their care.

In all cases where recruitment of a child was successful the active participation of a professional that the child knew was central to the young person's agreement. For example, by the professional arranging the research interview for a time when they could be present to introduce the researcher to the child and support them if needed. Hence, social workers do have an important role in encouraging children to participate in research. This seems in fact to mirror the role that senior managers play in giving social workers active permission to take part. The negative aspect of this from a research perspective is that, if social workers are

already struggling to find time to participate themselves in the project, asking them to actively arrange time to support the child to participate is adding further pressure.

In order to protect children from any potential risk associated with participating in research, there are a number of gatekeeping barriers in place before researchers can access children. However, rather than finding it a negative experience, those children I did speak to as part of the research (one at the pilot stage) commented positively about taking part:

I think a normal person's map would be like, Mummy, Daddy and whatnot, but mine's not like that, obviously, due to circumstances... but I like seeing it. Yeah, yeah. Definitely. I wouldn't change it. No. (Female age 18)

...I'm glad I did it, it was sort of like counselling again... I feel better about myself (Male age 17)

I help myself.

You help yourself? How do you help yourself?

By learning to eat food.

Oh that's a good thing to do.

Yeah, and by doing what I'm doing exactly right now, writing things down, it helps me remember stuff. Except it doesn't always, because I always forget to remember where I put the stuff that I wrote down... (Male age 10)

The other young person spoken to did not comment either way about their involvement in the study, which is likely to reflect the difficult circumstances under which that particular research interview took place. This experience, therefore, seems to back up previous research suggesting that children actively want to participant in research and find it generally to be a positive experience.

Other Factors

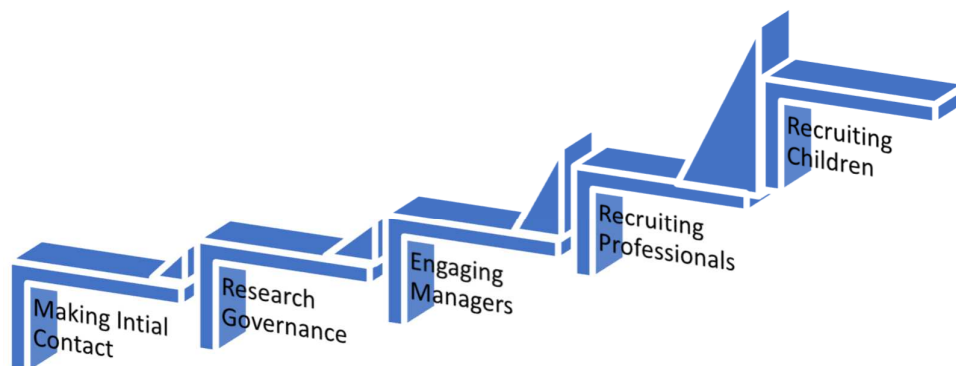
A final significant barrier to this research project progressing was Ofsted inspections of children's services. Two of the local authorities were subject to Ofsted inspections while this research project was active. In both these cases the research project needed to be suspended for the period of the Ofsted inspection taking place. In one local authority this was between the initial contact and research governance stage, which had little impact on the recruitment process itself other than causing a delay. In the other local authority, it was at the social worker and child recruitment phases, which both delayed the project and may have influenced some of the participants' decisions to dissent as it caused a gap between the researchers initial contact and subsequent follow up with the researcher.

It is also important to note that this has been written from the perspective of a researcher. I am aware of instances where factors in my own life, including illness and the M5 being closed, have impacted on the success of recruitment. Therefore, this analysis is likely to be biased and it would be interesting to understand from a local authority perspective what researchers do that may either encourage or be a barrier to participation in research.

Summary

Overall, from a researcher perspective, the attempts to recruit for this study have led to a great deal of personal frustration. This is mainly due to the very one-way communication at all stages of the recruitment process, from a lack of response from senior managers at the initial contact stage to potential participants who initially expressed an interest in taking part then stopping all communication. This is particularly frustrating, as saying no to involvement in research is potentially more useful to researchers than either forced or reluctant consent, because then further plans for recruitment could be arranged. From talking to other research colleagues, my experience in this project does not seem to be unusual. Therefore, it is useful to have the space to reflect on the process and identify some of the barriers and supports to participation.

In summary, my reflection is that as the recruitment process progresses it gets harder to access research participants. Thus, rather than being a straightforward process, it is more like a series of steps that the researcher needs to climb:



So, while the process of recruitment was relatively easy at the initial contact stage, by the time the child participant stage was reached the barriers were almost insurmountable. This is despite the expressed wishes of local authorities, who at the initial contact stage were keen to allow access to children in care. In this section I will identify some of the factors that helped with recruitment.

What helps

1. Including managers who will be actively involved in the project as early as possible, ideally at the initial contact stage.
2. Research governance procedures to review the progress of research.
3. Senior managers in local authorities taking ownership of research taking place in their teams, not only acting as gatekeepers but being interested in how the research is progressing.
4. Senior managers giving professionals explicit permission to take part in the research, identifying it as an important way to spend their time.
5. Social workers actively supporting children to participate in research.
6. Researchers being more actively involved in the development of local authority research processes.
7. To maintain two-way communication between researcher and the local authority at every stage of the recruitment process.

All these recommendations centre around local authorities needing to be more than just gatekeepers to research participants, but partners in the research process.

Further Discussion

While I have identified some of the areas that have helped with recruitment to research, the barriers identified would benefit from further discussion and reflection from those involved in research. For example:

1. Is it ethical to ask social workers to participate in research if this may impact negatively on the time they have to spend with children in their care?
2. Is it ethical to ask social workers to participate in research if this may impact on their own welfare, by meaning they must work more hours outside of their official work time?

3. How do we balance the need to support children to participate in research with the number of current barriers in place to their participation?
4. Are there other ways to access children in care for research purposes? What are the ethical dilemmas involved in this?
5. How do we increase the active involvement of local authorities in research?

Appendix 6
Research Project Information

**The Relationship between Children in Care and their
Social Workers**

Hello!



My name is Mim and I am a research student at the University of Bristol. I need your help with a research project I am doing.

This booklet tells you about the project:

Please **Read** it carefully - you can ask an adult to help

Ask an adult to explain anything you don't understand

Think about whether you would like to take part

**What is the
project about?**



I want to find out about who helps young people who live in care, and what they do to help young people do well in care.



Why me?

I am asking you to take part because you have been living in care for more than one year.

**What are
the good
things about
taking part?**



If you choose to take part, I hope what you tell me might help other children and young people who live in care.



**What are
the less
good things?**

Talking to me will take up some of your time. I hope we will have fun when we meet, but there is a small chance you could get upset. If this happens I will stop the interview and we can talk about how you can get some support to help you feel better.

What will
happen if I
take part?



If you say yes I will come and meet you. We will talk about the people in your life and what they do to help you. We can make a map of all the people in your life if you want to. We will only talk about what has happened since you came into care.



You can bring someone with you if you want to, although I would prefer this not to be your social worker as I also want to talk to them as part of the project.

If you agree, I will record what you say. If you agree I would also like to talk to your social worker.

Will anyone
know what
I said?



I will change your name so no-one will know what you said. I am talking to your social worker as well, but I will not tell them what you have said. I will only tell somebody what you say if I need to keep you or someone else safe. If I think I might need to tell someone I will explain to you at the time what I am worried about and decide with you who to tell and how.



How will
you use
what I tell
you?

I will write everything down in a report and share it with people in charge of services. You can get a copy if you want. In the future, other researchers might ask to use what you say, but they won't be able to work out who you are.

Can I
say no?



You can choose whether or not to take part in the project, it's up to you. You can change your mind at any time without saying why. If you change your mind about taking part after meeting me, as long as you or an adult let me know within one month, I will remove what you told me from the project.



Any
questions?

If you want to meet me to find out more either contact me or tell your social worker and they will help you let me know.

If you want to ask questions to help you decide you can contact Mim by phone or text on [REDACTED] or email: mc6813@bristol.ac.uk. You can ask an adult to help if you want to.

Research Project Information (child 7-11)

The Relationship between Children in Care and their Social Workers



Hello!



My name is Mim and I am a research student at the University of Bristol. I need your help with a research project I am doing.

This booklet tells you about the project:

Please **Read** it carefully - you can ask an adult to help

Ask an adult to explain anything you don't understand

Think about whether you would like to take part

**What is the
project
about?**



I want to find out about who helps children who live in care, and what they do to help children do well in care.




Why me?

I am asking you to take part because you have been living in care for more than one year.

**Can I
say no?**



You can choose whether or not to take part in the project, it's up to you. You can change your mind at any time without saying why. If you change your mind about taking part after meeting me, as long as you or an adult let me know within one month, I will remove what you told me from the project.



What will happen if I say yes?

I will come and meet you to tell you more about the project. You can choose where to meet me. You can bring someone with you if you want to. You can then decide if you want to take part.



If you say yes I will come and meet you again. We can make a map of all the people in your life and talk about what they do to help you. We will only talk about what has happened since you came into care.

If you agree, I will
record what you say.



If you agree, I will also talk to your social worker.

If you choose to take part I hope what you tell me might help other children who live in care.



Will anyone
know what
I said?

No-one will know what you said. I will only tell somebody what you say if I need to keep you or someone else safe.

How will you
use what I
tell you?



I will write everything down in a report and share it with people in charge of services. You can get a copy if you want. In the future, other researchers might ask to use what you say, but they won't be able to work out who you are.





Any
questions?

If you want to meet me to find out more tell your social worker and they will help you let me know.

If you want to ask questions to help you decide ask an adult to contact Mim: Tel: [REDACTED] or Email: mc6813@bristol.ac.uk.

Appendix 7

Consent Form

	 <small>© Can Stock Photos</small>	 <small>Illustration: 12072018</small>
I have read the information sheet and I have had the chance to ask any questions I need to. I understand what is going to happen when I meet with Mim. I am happy to take part in the research.		
I understand that you will only use what I have said once you have changed my name so that people can't work out who I am.		
I understand that you will only tell somebody what I say if you need to keep me or someone else safe		
I understand that I can withdraw from the project at any time before or during the interview. If I want to withdraw after the interview I need to let you know within 1 month.		
I am happy for the interview to be recorded		
I am happy for you to take a copy of what we make during the interview.		
I understand that the information will be used for the project, and may be shared at the University of Bristol, in journal articles or at conferences.		
I understand that other researchers can ask to use my information again. This will only be allowed if they will use my information properly and there is no risk they can work out who I am.		
I would like to get a summary of your report		

Name:

Signed:

Date:

Appendix 8

Support Information



Sometimes taking part in a research project can make you feel worried or sad. If after taking part in the research you feel you need some help you can:

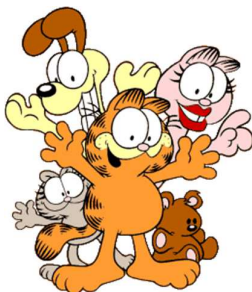
1. Talk to someone who knows you well
2. Ask to talk to your GP or a counsellor
3. Ring ChildLine on 0800 1111

Sometimes taking part in research makes you realise that you want to change something about the way you and/or other children in care are looked after. You can:

1. Talk to someone who can help you make this change, like your social worker, carer, or IRO
2. Find out about your local child in care council and ask if you can join



If you are worried about something that I said or did during the interview you can either tell your social worker or contact my manager, David Berridge by phone: 0117 954 675530 or email: david.berridge@bristol.ac.uk.



Thank you for meeting with me today. I hope that what you talked to me about will help other children and young people who live in care.

Appendix 9

Participant Information Sheet – Social Worker

Social worker relationships, roles and the wellbeing of children in long-term care

- **Who is carrying out the study?**

My name is Mim Cartwright and I am a Research Student at the University of Bristol. This study forms part of a PhD in Social Work

- **What is the purpose of the study?**

The research aims to explore the role of the social worker with children in long-term care and how the relationship between the child and their social worker influences wellbeing.

- **Why have I been chosen?**

You have been chosen to take part because you are the social worker for a child who may be interested in taking part the study. In order to understand better the role of the social worker with children in care I would also like to talk to you as their social worker.

- **What will happen if I take part?**

I will ask you some questions about your work with the child. We will draw an ecomap of the child's support network and your own support network in a work context. The purpose of this is to understand how important the relationship between a child and social worker is to wellbeing, and how issues in the work environment may impact on the relationship you can build with children in care. With your permission I will record the meeting. The meeting should take no more than one hour. I hope that the information you share might help to inform policy and practice in relation to children in long-term care.

- **What will happen if I don't take part?**

Nothing will happen if you choose not to take part. It is your choice whether to say yes or no. If you change your mind about taking part after the interview, as long as you let me know within one month of the interview taking place, anything you told me can be withdrawn from the project.

- **Anonymisation**

I will change your name and any other details, such as the agency and team information, which may mean people can find out what you said before any information is shared.

- **Limits of confidentiality**

I will keep everything you tell me confidential. I will also talk the child identified on your caseload as part of the study, but I will not tell them anything that you have told me or vice versa. The only time I might have to break confidentiality is if you tell me something that makes me think you or someone else could be at risk of serious harm. If I think I might need to break confidentiality I will tell you at the time what I am worried about and discuss with you who to tell and how. You can ask to see the confidentiality protocol if you would like more information.

- **How will you use my information?**

I will use your information for the current study. This information will be available at the University of Bristol, and might be used at conferences and in journal articles.

Once the study is finished your information will be stored at the University of Bristol on a controlled access basis. This means the data will only be shared with the approval of an appropriate data access committee if satisfied that the request to access the data is from a genuine research source, will be used appropriately in a future research project, and there is no risk of re-identification of participants.

- **Any Questions?**

If you have any questions or are worried about anything that happened when you met with me, you can ring me: 07949 925769 or email: mc6813@bristol.ac.uk or my supervisor David Berridge: david.berridge@bristol.ac.uk.

- **Ethical Approval**

The University of Bristol's School for Policy Studies Ethics Committee has approved the study and it has also received local authority governance approval.

Participant Information Sheet - Manager

Social worker relationships, roles and the wellbeing of children in long-term care

- **Who is carrying out the study?**

My name is Mim Cartwright and I am a Research Student at the University of Bristol. This study forms part of a PhD in Social Work

- **What is the purpose of the study?**

The research aims to explore the role of the social worker with children in long-term care and how the relationship between the child and their social worker influences wellbeing.

- **Why have I been chosen?**

You have been chosen to take part because you are the social worker for a child who may be interested in taking part the study. In order to understand better the role of the social worker with children in care I would also like to talk to you as their social worker.

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Once the study is finished your information will be stored at the University of Bristol on a controlled access basis. This means the data will only be shared with the approval of an appropriate data access committee if satisfied that the request to access the data is from a genuine research source, will be used appropriately in a future research project, and there is no risk of re-identification of participants.

- **Any Questions?**

If you have any questions or are worried about anything that happened when you met with me, you can ring me: 07949 925769 or email: mc6813@bristol.ac.uk or my supervisor David Berridge: david.berridge@bristol.ac.uk.

- **Ethical Approval**

The University of Bristol's School for Policy Studies Ethics Committee has approved the study and it has also received local authority governance approval.

Appendix 10

Consent Form – Social Worker

	YES	NO
I have read the participant information sheet and I have had the chance to ask any questions I need to. I understand what I am being asked to do. I am happy to take part in the research.		
I understand that the information I share will be kept confidential, unless I say something that suggests someone is at risk of serious harm.		
I understand that I can withdraw from the research at any time before or during the interview. If I want to withdraw after the interview I need to let the researcher know within 1 month.		
I am happy for the interview to be digitally recorded		
I am happy for the researcher to take a copy of the timeline and ecomap that we draw during the interview.		
I understand that you will change my name and any other details, such as agency or team information, that may mean people can find out what I said before any information is shared.		
I understand that the information will be used for the current study, and may be shared at the University of Bristol, in journal articles or at conferences.		
I understand that the information shared will be stored, once anonymised, by the University of Bristol on a controlled access basis. I understand that this means other researchers may be able to access the data in the future, with the approval of an appropriate data access committee.		
I would like to receive a summary of the research report Email address:		

Name:
Signed:

Date:

Consent Form - Manager

	YES	NO
I have read the participant information sheet and I have had the chance to ask any questions I need to. I understand what I am being asked to do. I am happy to take part in the research.		
I understand that the information I share will be kept confidential, unless I say something that suggests someone is at risk of serious harm.		
I understand that I can withdraw from the research at any time before or during the interview. If I want to withdraw after the interview I need to let the researcher know within 1 month.		
I am happy for the interview to be digitally recorded		
I understand that you will change my name and any other details, such as agency or team information, that may mean people can find out what I said before any information is shared.		
I understand that the information will be used for the current study, and may be shared at the University of Bristol, in journal articles or at conferences.		
I understand that the information shared will be stored, once anonymised, by the University of Bristol on a controlled access basis. I understand that this means other researchers may be able to access the data in the future, with the approval of an appropriate data access committee.		
I would like to receive a summary of the research report Email address:		

Name:

Signed:

Date:



School for Policy Studies

Support Information - Professional

Thank you for meeting me today, I hope that what we talked about will help children who live in in care.

Sometimes taking part in a research project can raise unexpected feelings or make you aware of issues in the work place that you want to resolve. If after taking part in the research you feel you need some support, the following options are available to you:

1. Work Related Support

You can talk to your colleagues, a manager, or HR.

You can get support through your union if you are a member.

2. Emotional Support

You can access emotional support through your councils counselling service

You could also consider talking to your GP about other local counselling services available to you.

Appendix 12

Confidentiality Protocol

1. Limits to Confidentiality:

Information shared by participants will be kept confidential by the researcher unless the participant shares information that suggests they or someone else is at risk of serious harm.

2. How will participants be told about these limits:

- a) Participants will receive written information about limits to confidentiality prior to meeting the researcher.
- b) Participants will be told verbally about the limits to confidentiality when they meet the researcher and will be asked to sign a consent form to agree to these limits.

3. Process to be followed in confidentiality needs to be broken:

- a) If the participant says something that the researcher thinks may breach these confidentiality limits the researcher will tell them at the time what information may have to be shared. The researcher will discuss with the participant what steps need to be taken next.
- b) The researcher will contact either supervisor within 1 working day to discuss what has been disclosed and whether confidentiality needs to be breached.
- c) If the supervisor agrees confidentiality should be breached, the researcher will make immediate contact with the agreed manager in the local authority. [Prior to the research taking place the researcher will agree with the local authority involved in the research who any disclosures should be made to.]
- d) If a child is at risk of immediate significant harm and the researcher is unable to contact their supervisor or the local authority contact, a disclosure may be made immediately to children's social care, and the supervisor and local authority contact will be informed as soon as possible after.
- e) The researcher will inform the participant whether a disclosure has been made and who the disclosure has been made to.

Appendix 13

Interview Schedule – Child

1.	Introduction Summary of introduction meeting Ethics and consent form review Introduction to activities	5 mins
2.	Timeline Activity Introduction: Using a timeline, we are going to talk about changes that have happened since you came into care. Don't worry if you can't remember exactly when things happened: <ol style="list-style-type: none"> 1. At the RH side is now – how old are you now? 2. On the LH side is when you came into care – can you remember how old you were? 3. Now we put in all the ages in-between. 4. Now we need to add in changes since you came into care Prompts: <ol style="list-style-type: none"> 5. Change of placement 6. Change of social worker 7. Change of school Extending questions: <ol style="list-style-type: none"> 8. Did you want that change to happen? 9. Do you know who decided the change should happen? 10. How did that change make you feel? 	10 mins
3.	Ecomap Activity Introduction: Using a map, we are going to talk about what helps you do well in care. We will work on it together. There are no right or wrong answers, and we can always change it as we go along if we need to. CHECK understanding of 'do well in care'. <ol style="list-style-type: none"> 1. Choose an emoji or draw a picture to represent yourself and place it in the centre of the map. 2. Think about something that helps you do well. Choose an emoji to represent it, or draw your own picture, and place it on the map. <ol style="list-style-type: none"> a. What do you want to add first that helps you to do well? b. Think about where you live, at school, lives near you, family members, friends, social care, hobbies and activities? 3. Link the picture to yourself using the choice of lines shown on the Key. <ol style="list-style-type: none"> a) identify whether the relationship is strong or weak: <ol style="list-style-type: none"> a. Is this person/thing important to you? Why? b) identify whether the relationship is positive and/or stressful: <ol style="list-style-type: none"> a. How does seeing (not seeing) this person make you feel? b. Do you think this person helps you to feel/do better? c) identify what direction the influence of the relationship flows <ol style="list-style-type: none"> a. Does this person help you? How? b. Do you help this person? How? 4. Repeat until you have put onto the map everything you think helps you do well. 	20 mins

4.	Social Worker Specific Questions (if not already covered): <ol style="list-style-type: none"> 1. Can you tell me your social workers name? 2. How often do you see your social worker? Is that enough? Too much? 3. Is it easy to contact your social worker if you need to? 4. Can you talk to your social worker on your own if you want to? 5. How well do you know your social worker? 6. How well does your social worker know you? 7. What does your social worker do? 8. How does your social worker help you? 9. Is there anything you would like to change about your social worker? 10. If you could talk to your social worker's manager, is there anything you would want to tell them about your social worker? 	5 mins
5.	Wellbeing Exercise Now we are going to talk about how people on this map help you to do well. I am going to read a list of things that other children in care say is important for them to do well and ask you to identify if anyone on your map: <ol style="list-style-type: none"> a) Helps you stay in touch with people who are important? a) Listens to you? How do you know? b) Helps you have a say in decisions that affect you? c) Helps to keep you safe? d) Helps you feel positive about being in care? a) You can trust? b) Would stick by you whatever happens? c) Would give you a second chance if you got something wrong? d) Is interested in how you are doing at school? e) Do you have fun with? f) Helps you to take part in hobbies/activities? g) Helps you to learn new things? What sort of things? a) Helps you understand why you are in care? b) Would you talk to if you are worried? c) Notices you and how you are feeling? d) Treats you the same as your friends at school? e) Gives you chances to show you can be trusted, help out and be nice? 	10 mins
6.	Summary <ol style="list-style-type: none"> 1. Looking at your map overall can you tell me: <ol style="list-style-type: none"> a) Who are the most important people to you and why? b) Is there anything on the map you would want to change? c) Is there anything missing from this map that you think you need? d) Is there anything else you would like to tell me about this map? 	5 mins
7.	Close <ol style="list-style-type: none"> 1. Is there anything else you think I need to know about how social workers help children do well in care? 2. Is there anything else you think I need to know about what children need to be able to do well in care? 3. Are you happy for me to take a photograph of the ecomap and timeline to use in the research? 4. Are you still happy to take part and for what you have told me to be used? Thank you, you can still change your mind by contacting me directly, or through your carer or social worker, by DATE. 5. Do you have any other questions for me before we finish? 	5 mins

Appendix 14

Interview Schedule – Social Worker

1.	Introduction Ethics and consent form Introduction to activities Could you start by telling me a bit about yourself and your role here?	5 mins
2.	Timeline Activity Introduction: Using a timeline, we are going to talk about changes that have happened since child X came into care. Don't worry if you can't remember exactly when things happened: 11. At the RH side is now – how old is child x now? 12. On the LH side is when child x came into care? 13. Now we put in all the ages in-between. 14. Now we need to add in changes since child x came into care Prompts: 15. Change of placement 16. Change of social worker 17. Change of school 18. Change of legal status	10 mins
3.	Ecomap Activity Introduction: For the next activity we are going to draw an ecomap together. We are going to do this in three stages: a) I would like you to draw an ecomap for Child X including all the people that are in the child's life, how strong/important these relationships are and how they support child x's wellbeing. b) I would like you to think about your relationships with child X and the other members of that child's network and reflect on how these relationships impact on the child's well-being. c) To extend the map to think about how your work environment impacts on your relationship with this child.	30 mins
3a	1. Draw an ecomap for the child Prompts: Birth family, school, placement, hobbies, friends, health, community, social care. Is the relationships positive/negative for the child? Is the relationship strong/weak? What direction does this influence flow? Looking at child X's map: b) Who supports X to stay in touch with people who are important? Who helps to support this? c) Who supports X able to build and maintain new relationships with people they have met since coming into care? Who supports child x to have a say in decisions made about their care? e) Who supports child x to talk about being in care? h) Does child x have someone in their network who they can trust and will stick by them no matter what? i) Who would support child x if they make a mistake? j) Who is interested in how child x is interested doing at school? k) Who does child x have fun with? l) Who supports child x to take part in hobbies/activities? m) Who helps child x to learn new skills? f) Who helps child x understand why they are in care? g) Who can child x talk to if they are worried?	

	<ul style="list-style-type: none"> h) Is child x settled in their placement? i) Who would notice how child x was feeling? j) Is child x treated the same as their peers? k) Who provides child x with chances to show they can be trusted, help out and be nice? l) Overall, how well is X doing in care? 	
3b	<p>1. Draw your relationships with people in the child's network Prompts: Is your relationship positive/negative? Is the relationship strong/weak? What direction does this influence flow?</p> <p>2. How does this affect your relationship with child x?</p> <p>3. Social Worker/Child relationship questions:</p> <ul style="list-style-type: none"> a) How often do you see child x? b) How well do you know child x? c) What do you do for child x? What is your role? d) Is it important to have a good relationship with child x to do your job? Why? e) How important is it for you to remain as the social worker for child x? f) Is there anything you would like to change about your relationship with child x? 	
3c	<p>1. Draw a map of what in your work environment affects your relationship with child X Prompts: What in your work environment helps you build a relationship with X? What in your work environment gets in the way of building a relationship with X?</p>	10 mins
6.	<p>Summary</p> <ul style="list-style-type: none"> 1. How important do you think the social work role is for supporting the wellbeing of children in care? 2. How important are you to supporting the wellbeing of child x? 3. Looking at the map overall can you tell me? <ul style="list-style-type: none"> a) Who are the most important people for supporting child x's well-being? b) Is there anything on the map you would change to improve your relationship with child x? c) Is there anything missing from the map that you think child x needs? d) Is there anything else you would like to tell me about this map? 	5 mins
7.	<p>Close</p> <ul style="list-style-type: none"> 6. Is there anything else you think I need to know about how social workers help children do well in care? 7. Is there anything else you think I need to know about what social workers need in their work environment to be able to support children to do well in care? 8. Are you happy for me to take a photograph of the ecomap and timeline to use in the research? 9. Are you still happy to take part and for what you have told me to be used? Thank you, you can still change your mind by contacting me by DATE. 10. Do you have any other questions for me before we finish? <p>Thanks and Close</p>	5 mins

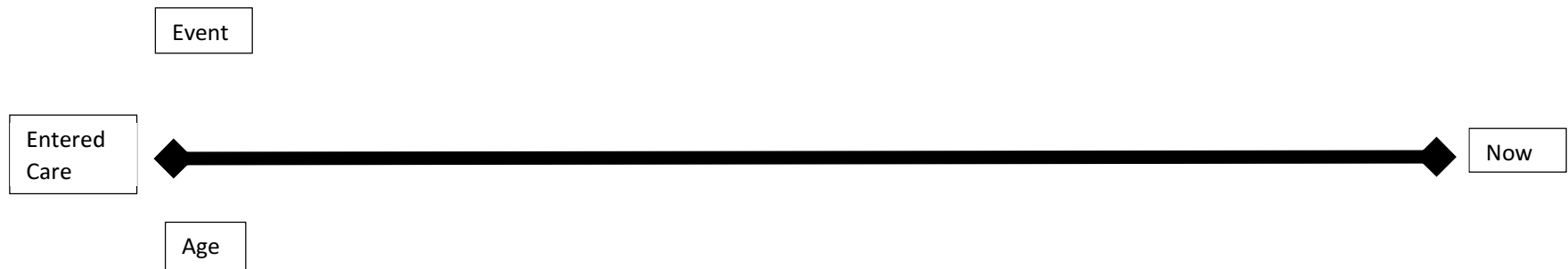
Appendix 15

Interview Schedule – Social Work Manager

1.	Introduction Ethics and consent form Could you start by telling me a bit about yourself and your role here?	5 mins
2.	Ecomap Activity - wellbeing Introduction: For the first activity, I have drawn an ecomap showing a child in care and some of the people that they would usually have in their lives to help them do well. This is just a hypothetical map so we can add people/services to it or remove them if you would like. Using research where children have identified what helps them do well, I am going to ask you to look at the map, and identify who you would expect to: d) support child X to stay in touch with people who are important e) support child X to build and maintain new relationships with people they have met since coming into care f) support child x to have a say in decisions made about their care g) support child x to talk about being in care h) stick by child x no matter what i) support child x if they make a mistake j) be interested in how child x is doing at school k) have fun with child x l) support child x to take part in hobbies/activities and learn new skills m) help child x understand why they are in care n) talk to child x if they are worried o) notice how child x was feeling p) provide child x with chances to show they can be trusted, help out and be nice q) help child x achieve a settled and stable placement Looking at the map overall – e) Who are the most important people for supporting children’s well-being? f) How important is the social worker, in relation to others on the map, for supporting children’s wellbeing? g) Is there anything else you would like to tell me about this map?	15 mins
3.	Social Worker/Child relationship questions: g) In general, how often do social workers on your team see the children that they work with. Is this led by the needs of the child? If no, other influences? h) Is it important for social workers to spend time with children on their own? Why? i) What do you expect social workers to do for the children they work with? What is their role? Is this led by government/local policy, the social worker or by the needs of the child? j) Is it important for social workers to have a good relationship with children to do their job? Why? k) How important is it for social workers to remain as the allocated social worker for a child? Do you sometimes have to reallocate cases? Why? l) How much choice do children have about the social worker they work with? Would you reallocate a case if a child was unhappy working with a particular social worker? Can you remember when this last happened? m) How would you know if a child had a good relationship with their social worker?	10 mins

	n) Is it part of your role as a manager to support good relationships between children in care and their social workers? How do you do this?	
4.	Organisational Issues: <ol style="list-style-type: none"> 1. How many social workers are in your team? Roughly how many children do they support? How manageable are caseloads? 2. Are you able to support social workers in your team? How? 3. How often do social workers get supervision? What happens in supervision? 4. Can social workers access emotional support if they need it? 5. What is the turnover of social workers in your team like? Is it part of your role to encourage social worker retention? How do you do this? 6. How important is it that social workers in your team meet their statutory responsibilities? Why? 7. Does the way that teams in your organisation are structured help to support relationships between children in care and social workers? 8. Does the IRO role help to support children in care to do well? How? 9. Do IROs help to support relationships between CiC and social workers? How? 10. Are there local authority policies in place for working with children in care? Do these policies recognise and support good relationships between children and social workers? 11. In your local authority, how do children tell you what they need to do well in care? Do children's wishes and feelings get heard? How? 12. Do you have enough resources to meet the needs of the children in your care? 13. Does government policy recognise and support good relationships between children in care and social workers? 14. Does government policy and legislation help to ensure that children in care do well? 	15 mins
5	Social Work Manager Support: <ol style="list-style-type: none"> 1. Do you receive regular supervision? Does your supervision meet your needs? 2. Can you access emotional support if you need it? 3. Do you have any peer support? 4. Have you been provided with the training you need to do your role? What other training would be helpful? 	5 mins
7.	Summary and Close <ol style="list-style-type: none"> 4. How important do you think the social work role is for supporting the wellbeing of children in care? 5. How important are you as a social work manager to supporting the wellbeing of the children allocated to your team? 6. Has social work role with CiC in the time you have worked with this group? 7. Is there anything else you think I need to know about how social workers help children do well in care? 8. Is there anything else you think I need to know about what social workers or their managers need in their work environment to be able to support children to do well in care? 9. Do you have any other questions for me before we finish? 	5 mins

Appendix 16
Appendix C – Example Timeline

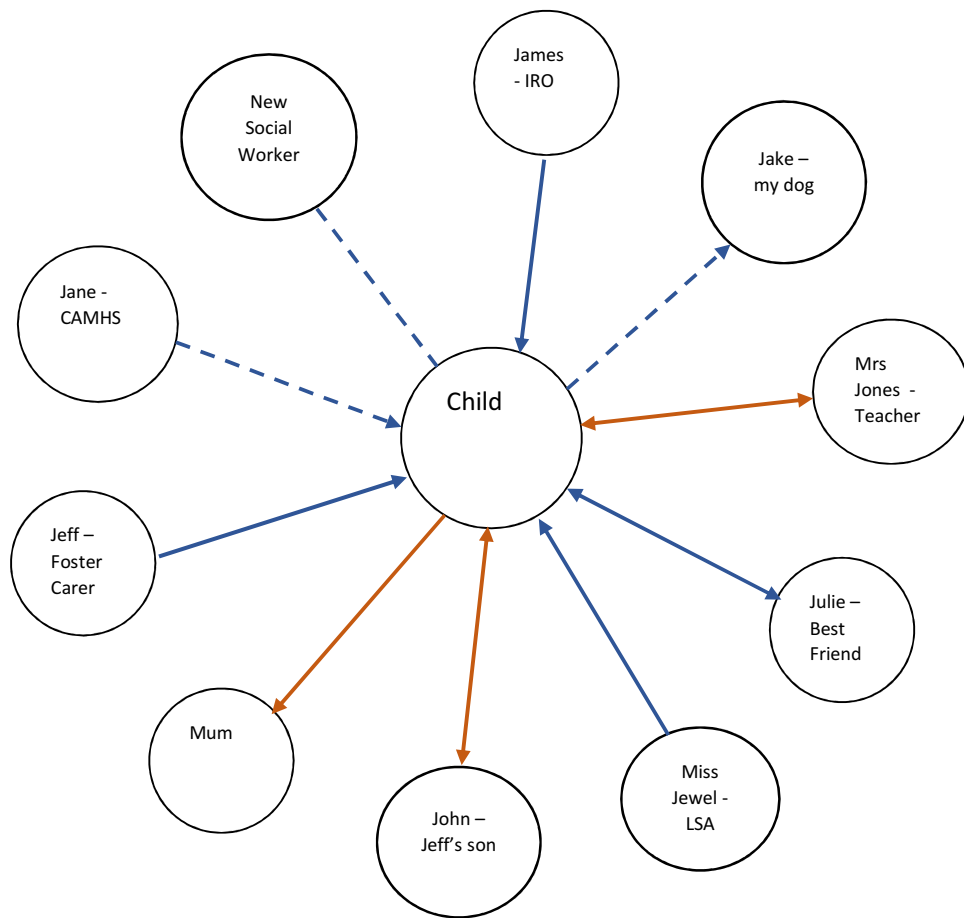


Appendix 17

Example of a Child's Ecomap

Key:

————	Strong connection
- - - - -	Tenuous or weak connection
———— (blue)	Positive connection
———— (orange)	Stressful connection
————>	Direction of flow of resources, energy or interest



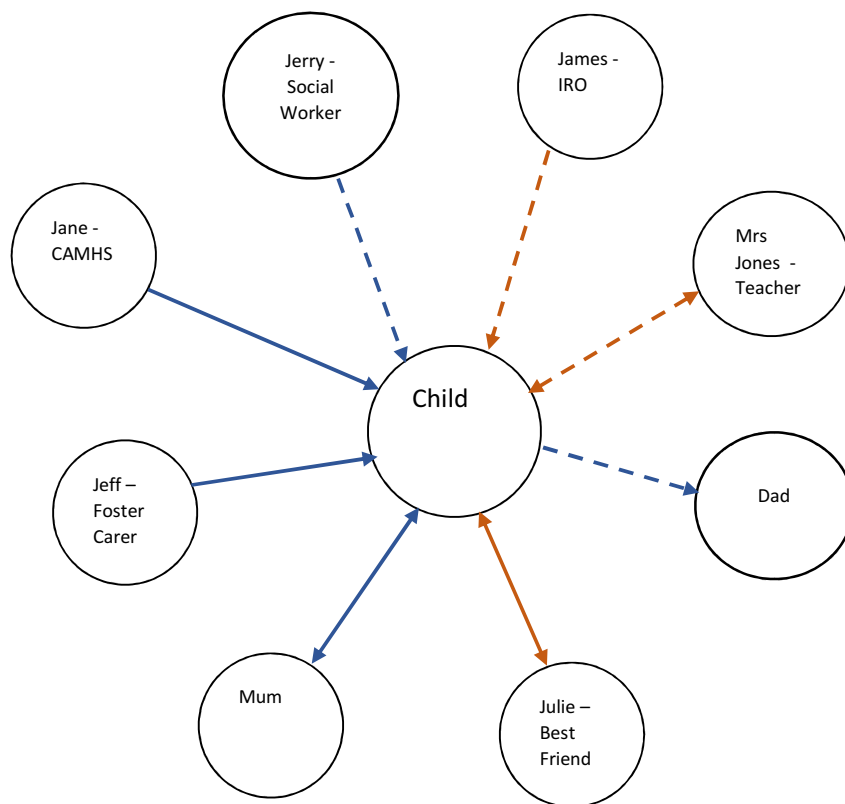
Appendix 18

Appendix D – Example of a Social Workers Ecomap

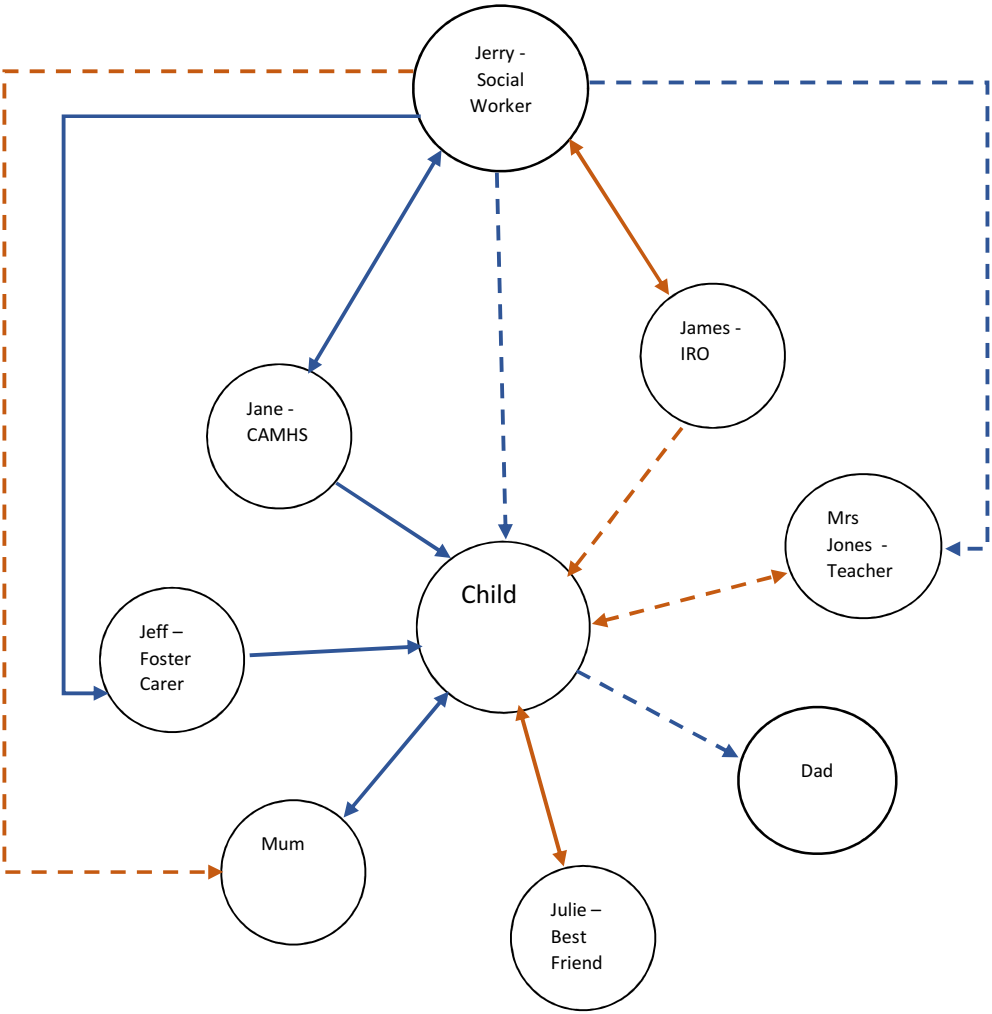
Key:

————	Strong connection
- - - - -	Tenuous or weak connection
———— (blue)	Positive connection
———— (orange)	Stressful connection
————>	Direction of flow of resources, energy or interest

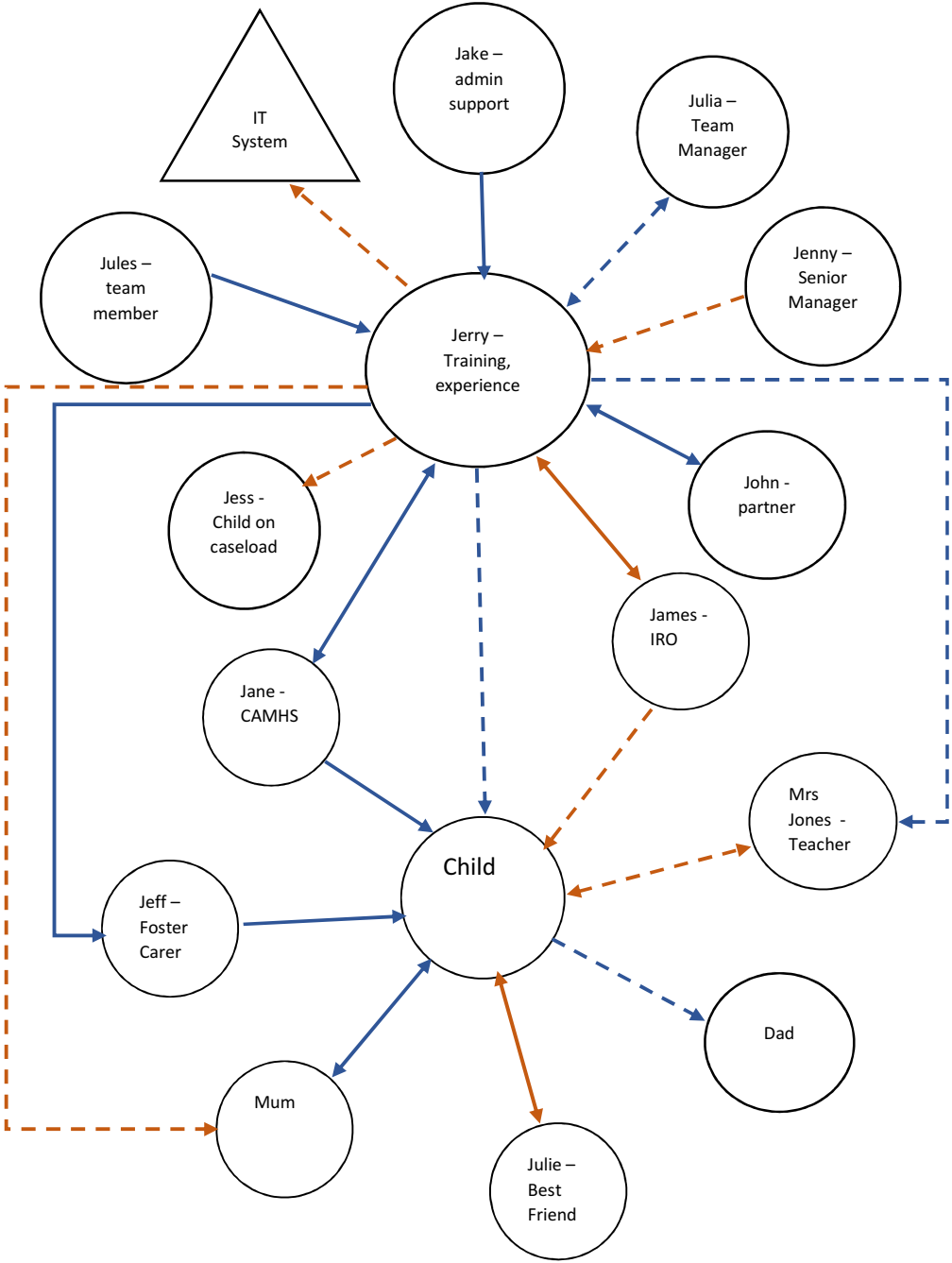
Stage 1 – social worker recreates the child’s microsystem (exploration of their knowledge of the microsystem)



Stage 2 - Social worker reflects on their own relationships with those in the child’s microsystem (exploration of the mesosystem)



Stage 3 – Social worker reflects on their relationship with the child and what in their own work system impacts on this (exploration of the exosystem)



Appendix 19

So, who else has he got? (Interviewer)

Parents. And he sees them 4 times a year for contact. And they play games with him, and in the contact they're very good at supporting the boundaries that are already in place, so they support the parenting. And he looks forward to contact with them, they always bring games with them, they're very good. He has got his older brother Jackson, who is 14 and in care. And...

INTERUPTION

Jamie sees Jackson at the weekends because he's in foster care. Jackson's like the big older brother, so he likes playing with him and he really looks up to Jackson.

How's contact between them arranged?

So foster carers organise it, so it's every 4-6 weeks. So, it's more informal, and I think going forward we need to keep it like that. Because it's less social worker intervention, and I know that some kids sometimes struggle with having a social worker, not a lot of mine like me. He's also got... support network or within....

So, yeah, I guess anyone you think is important to him or helps him do well.

The people that are important are Jason, and Juliette. So, Jamie knows that he's not going to see Juliette again. So, whenever he's feeling upset, he'll say "I miss Juliette". But she's really important to him.

Did you say she was younger?

Yeah, so I think she'd be 6 now, so she was very young when... But he enjoys getting letters from her, he's just struggling to write back. And then Jason, who's his older brother by a year, and he enjoys seeing him. But that relationship is very much sibling rivalry so that needs to be managed. And then we've got school. We've got class teacher, Mrs Simons, who he's got a good relationship with. We've got his friend, I'm trying to think now, he's got Peter, who's his friend and then he's not his friend. And then I think we've got someone else, I can't remember his name, but he goes to parties and stuff. And then he's got me. And then he's got his support worker. So, the [foster] agency do support workers, so he's got Sheila, who takes him out every week.

So, tell me a bit more about your relationship with Jamie.

So, it is one that has developed. So, when I first started and he was going through all that trauma, I used to wear glasses, so I was worried that he would come and hit me, and he might break them. Because I'd do stuff with him and talk to him about stuff and he wouldn't be having any of it, and he'd be kicking me and punching me and all of that. And as time's gone on, because I've been qualified for 2 years, so as time's gone on, so I was newly qualified and very eager, and I wanted to do direct work and I've realised that I just need to play and have fun with them. So now when I go, I get hugs at the start and I get hugs at the end. I went to see him on respite last Monday and he spoke to me about how things were going, and it was really good. It was really good that he was like, yeah, really starting to trust me, which was really nice to see. And I think it's good, it took that amount of time to build up.

So how often do you see him, roughly?

About every 4-6 weeks.

And why that often?

So that is statutory guidelines for looked after children. When I first started it was more often, because my caseload was lower. And [local authority] promote relationships with looked after children. And, on my team, they need to have those relationships with us really.